East Kent Hospitals University NHS Foundation Trust

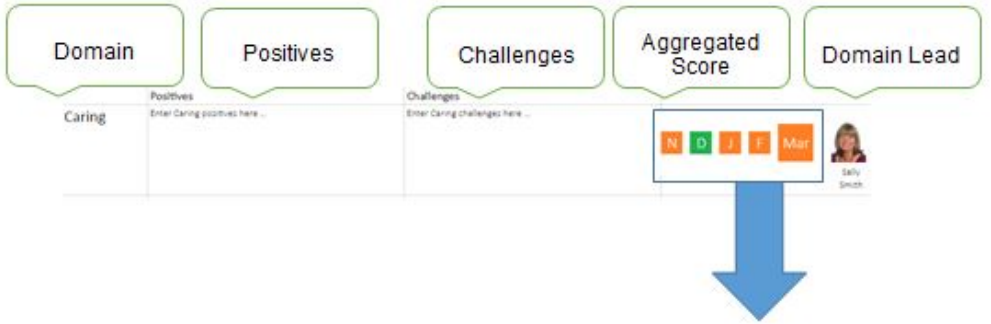
JUNE 2018

INTEGRATED PERFORMANCE REPORT

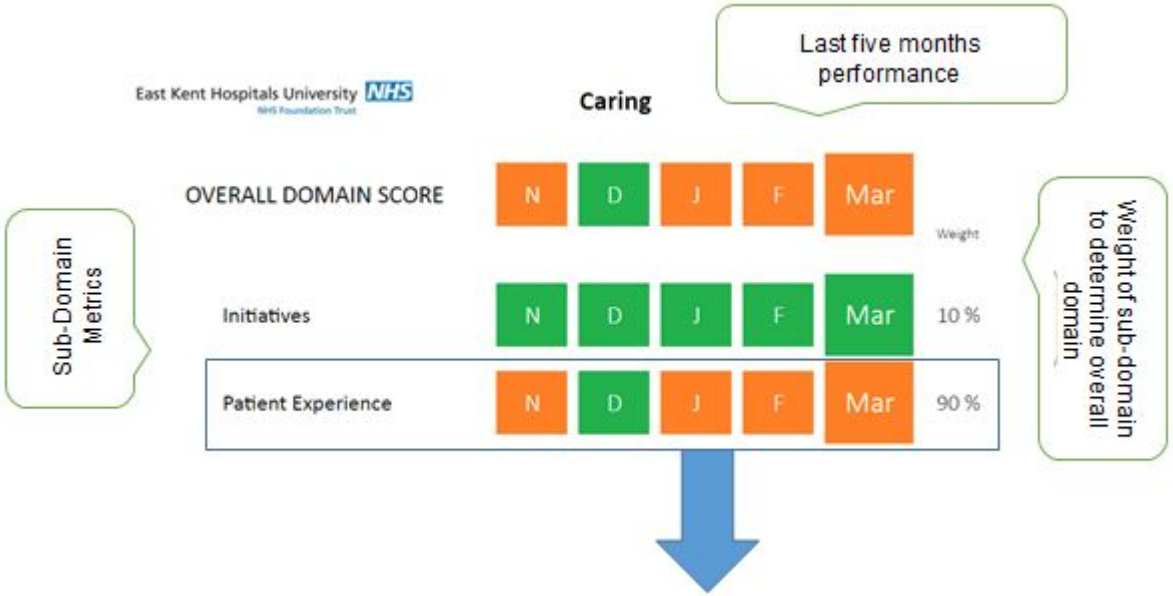
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

1 **Headlines**: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that the CQC organises its inspection into specific areas.



2 **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall domain score. The second page illustrates key (but not all) metrics measured within that sub-domain.
This is important as it explains why the sum of each metric doesn't total 100%. A list of all metrics used in the calculation is summarised in the Glossary pages.



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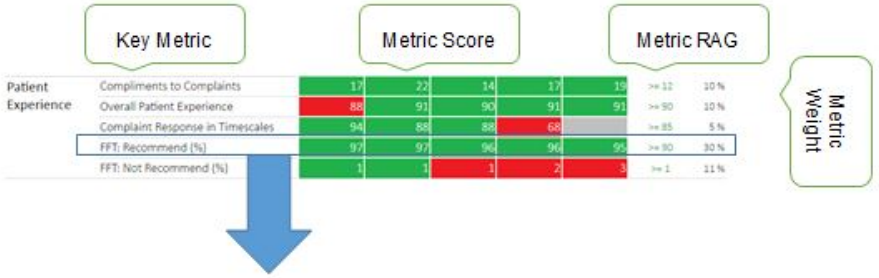
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



4 **Strategic Themes**: The Strategic Theme pages house key metrics with additional analysis, showing trend over the last 12 months. They show the latest month RAG together with the last 12 months position status (ie improved or worsened % from the previous 12 months plus average metric score). The 12 month positions will either be an average (if a % or index) or total sum (if a number). In addition to this it includes a metric description and data assurance stars which reflects how assured the data is. Description for how the data assurance stars are formulated is explained in the Glossary.

All RAGs are banded as Green, Amber and Red. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

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Strategic Priorities

East Kent Hospitals University NHS Foundation Trust

Contents

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Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 97%. The percentage of patients not recommending the Trust has improved this month registering green for the first time in 5 months. Overall patient experience is registering green this month, similar to last month. The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint. Complaint response times have met our standard with 92% being responded to within the timescales agreed with the client. This is the 5th month running of achieving our standard.	We are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety.	F M A M Jun  Sally Smith
Effective	The ED trajectory of 78.5% was over achieved at 82.6% which is the second consecutive month of improvement. There has been a slight improvement in bed occupancy, although it remains high and the 30 day readmission rate for non electives. For the second consecutive month the Trust is 100% compliant with the WHO checklist.	Bed occupancy remains high with very high numbers of "delayed transfers of care" (DTOCs) patients and have slightly increased in month. Theatre utilisation has decreased. A review of Cancer and RTT management of the waiting lists is underway and will be progressed through weekly PTL meetings, chaired by the Chief Operating Officer.	F M A M Jun  Lee Martin

Responsive	June reported the highest performance in emergency care since March 2017. The Trust over achieved on the agreed trajectory of 78.5% to achieve 82.6% in ED. The A&E Improvement Plan and associated business cases are being progressed. The new medical model is progressing with a focus on an emergency floor model, which includes frailty. There has been significant focus on cancer and RTT performance with improvements being made in all specialities. The Chief Operating Officer chairs a weekly KPI meeting at which all national indicators are monitored and progressed to ensure patients are pulled forward within their pathways as appropriate. There is patient level monitoring of the cancer KPIs.	The A&E four hour standard remains a priority for the Trust. There are challenges in maintaining effective patient flow across the hospital from A&E through discharge which the A&E improvement plan is addressing. Demand for diagnostics has increased due to efforts to reduce cancer and RTT waiting times. Identifying sustainable elective capacity to mitigate the risk of RTT and cancer breaches.	F M A M Jun	 Lee Martin
Safe	The rate of falls has again remained below the national average registering green for June. New harms as reported in the harm free care metric remains positive and similar to last month. No avoidable deep ulcers were reported. Screening for sepsis and administration of intravenous antibiotic in those screening positive remains excellent in the EDs and is an improving picture on the wards.	We reported a Never Event in June and still require embedding of the previous improvement work. Avoidable category two pressure ulcers remains amber this month and slightly below our improvement trajectory. VTE assessment recording remains stubbornly under 95% at 94.3%. Infection control continues to be a cause for concern	F M A M Jun	 Paul Stevens

Well Led	The Trust delivered a £1.9m deficit in Month 3 bringing the YTD position to a £10.0M deficit which is on plan (consolidated position including Spencer Wing and after technical adjustments).	Trust Pay is £0.9m over plan in month and £2.8m over plan YTD. The overspend is in Agency costs (£5.1m over plan YTD) offset by an underspend on permanent staffing (£3.9m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC. Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact. Total Cash borrowed remains at £48.5m I&E CIPS of £4.5m are reported up to Month 3 against a plan of £4.6m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end.	F M A M Jun	 Susan Acott

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Caring

	F	M	A	M	Jun	
OVERALL DOMAIN SCORE						Weight
Patient Experience						90 %

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Caring

		Feb	Mar	Apr	May	Jun	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	64	37	43	28	28	>= 12	10 %
	Mixed Sex Breaches	69	91	67	69	98	< 1	10 %
	Overall Patient Experience %	90.7	90.9	91.6	91.4	91.1	>= 90	10 %
	Complaint Response in Timescales %	87.2	88.9	94.4	91.4	92.0	>= 85	5 %
	AE Mental Health Referrals	72	92	97	104	134		5 %
	FFT: Recommend (%)	97	96	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.3	1.9	1.1	1.8	0.9	>= 1	10 %

Effective

	F	M	A	M	Jun	Weight
OVERALL DOMAIN SCORE						
Beds	F	M	A	M	Jun	25 %
Clinical Outcomes	F	M	A	M	Jun	25 %
Productivity	F	M	A	M	Jun	25 %

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Effective

		Feb	Mar	Apr	May	Jun	Green	Weight
Beds	Bed Occupancy (%)	100	97	101	100	96	<= 92	60 %
	IP - Discharges Before Midday (%)	15	15	15	15	14	>= 35	10 %
	DToCs (Average per Day)	52	63	63	61	61	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.5	3.5	3.5	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.3	15.2	15.2	15.2	15.1	< 15	15 %
	Audit of WHO Checklist %	98	99	98	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.9	7.0	7.0	7.0	6.8	< 7	
	DNA Rate: Fup %	6.9	7.4	6.5	6.7	6.8	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	2.9	3.2	3.3	3.4	3.2		
	LoS: Non-Elective (Days)	6.1	6.3	6.6	6.3	6.2		
	Theatres: Session Utilisation (%)	78	77	77	81	79	>= 85	25 %
	Theatres: On Time Start (% 30min)	72	74	76	73	70	>= 90	10 %
	Non-Clinical Cancellations (%)	1.9	2.1	2.4	2.2	2.1	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	1	< 5	10 %
	EME PPE Compliance %	83	83	82	81	80	>= 80	20 %

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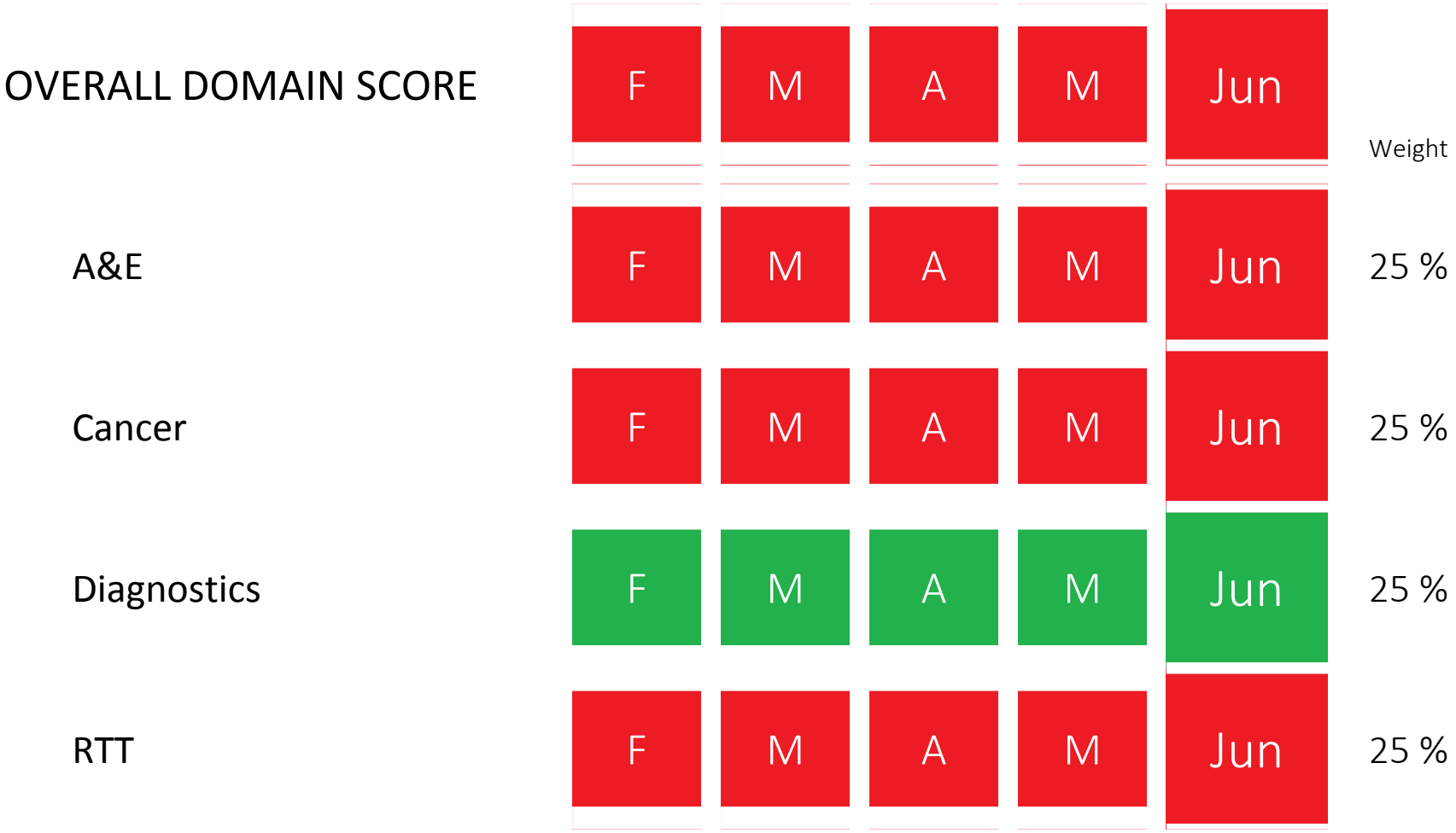
Responsive



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Responsive

		Feb	Mar	Apr	May	Jun	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	77.76	78.78	81.73	83.95	85.67	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	73.75	75.08	76.93	80.80	82.55	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.10	91.42	89.06	93.83	94.18	>= 93	10 %
	Cancer: 2ww (Breast) %	98.50	90.28	75.16	84.46	94.16	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.74	96.08	95.37	96.24	95.59	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	91.43	89.47	88.57	82.05	86.67	>= 94	5 %
	Cancer: 31d (Drug) %	98.33	98.21	97.87	98.88	99.05	>= 98	5 %
	Cancer: 62d (GP Ref) %	73.40	71.88	66.13	64.90	68.30	>= 85	50 %
	Cancer: 62d (Screening Ref) %	79.31	100.00	93.75	84.09	87.88	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	77.27	100.00	89.19	75.86	83.33	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.56	99.65	99.38	99.30	99.09	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	77.03	76.08	76.66	78.56	79.02	>= 92	100 %
	RTT: 52 Week Waits (Number)	141	201	222	218	201	< 1	

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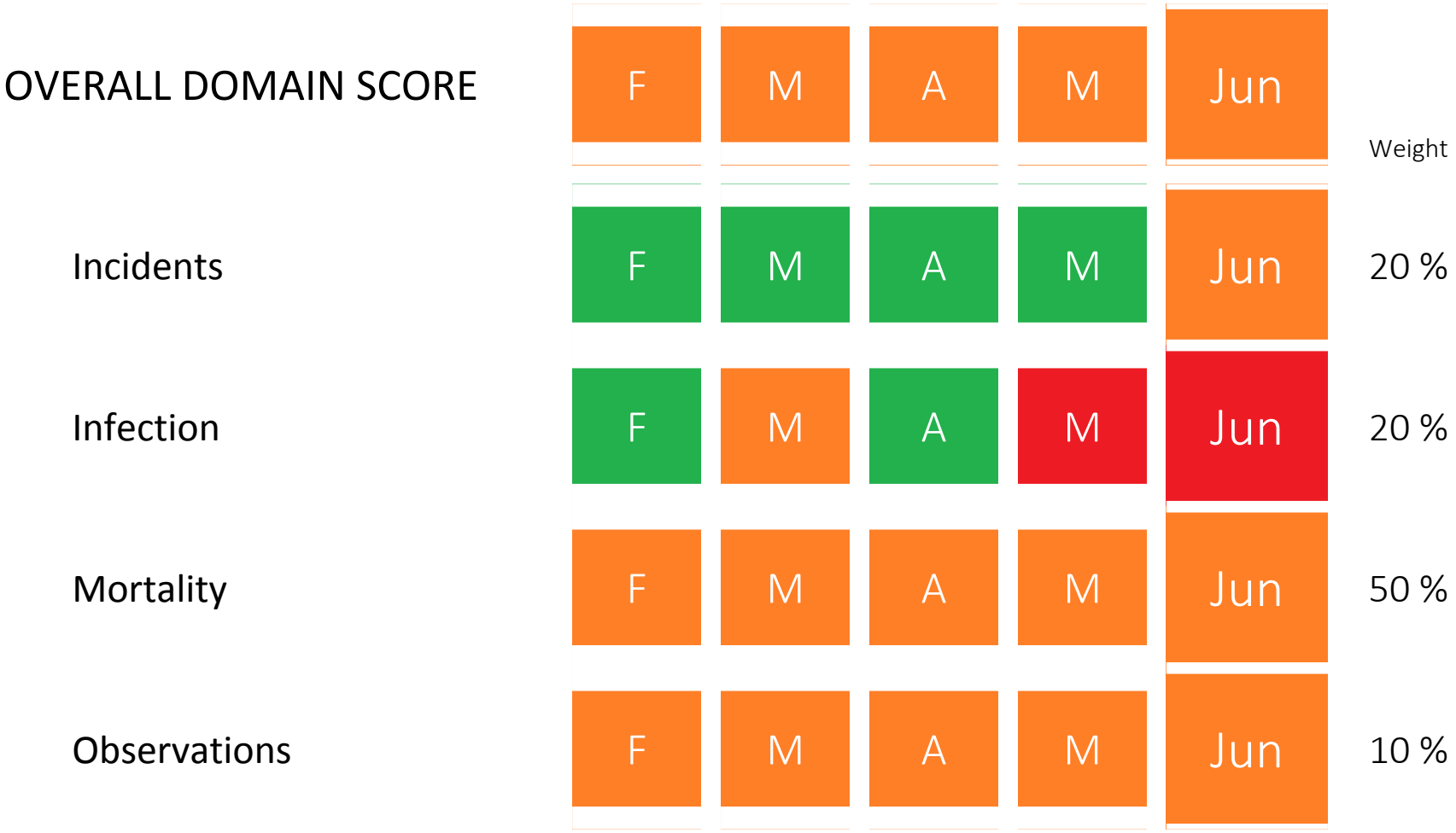
Safe



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Safe

		Feb	Mar	Apr	May	Jun	Green	Weight
Incidents	Serious Incidents (STEIS)	8	9	12	13	12		
	Harm Free Care: New Harms (%)	99.3	99.1	98.4	98.7	98.3	>= 98	20 %
	Falls (per 1,000 bed days)	4.61	4.84	5.46	4.93	4.87	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.37	0.24	0.12	0.15	0.22	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,325	1,380	1,318	1,469	1,313		
Infection	Cases of C.Diff (Cumulative)	34	38	3	12	16	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	1	1	< 1	40 %
Mortality	HSMR (Index)	85	85				< 90	35 %
	Crude Mortality EL (per 1,000)	1.1	0.8	0.9	0.8	0.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34.7	33.2	29.5	26.6	25.5	< 27.1	10 %
	RAMI (Index)	89	89	89	89	89	< 87.45	30 %
Observations	Cannula: Daily Check (%)	68.2	67.0	70.0	70.0	71.8	>= 50	10 %
	Catheter: Daily Check (%)	42.7	37.9	41.6	40.6	41.8	>= 50	10 %
	Central Line: Daily Check (%)	63.4	64.8	68.7	67.8	68.1	>= 50	10 %
	VTE: Risk Assessment %	93.9	94.2	93.7	94.6	94.3	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.5	92.6	92.5	92.1	92.5	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.6	89.8	89.7	89.6	90.0	>= 90	25 %

Well Led

	F	M	A	M	Jun	Weight
OVERALL DOMAIN SCORE	F	M	A	M	Jun	
Culture	F	M	A	M	Jun	15 %
Data Quality & Assurance	F	M	A	M	Jun	10 %
Finance	F	M	A	M	Jun	25 %
Health & Safety	F	M	A	M	Jun	10 %
Staffing	F	M	A	M	Jun	25 %
Training	F	M	A	M	Jun	15 %

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Well Led

		Feb	Mar	Apr	May	Jun	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70				>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.4	0.6	0.6	0.7	0.8	<= 0.1	25 %
	Uncoded Spells %	0.1	0.2	0.3	0.4	0.4	< 0.25	25 %
Finance	I&E £m	-6.3	-5.2	-5.0	-3.2	-1.7	>= Plan	30 %
	Cash Balance £m	6.8	7.2	16.3	4.8	7.1	>= Plan	20 %
	Total Cost £m	-51.2	-58.0	-50.1	-53.2	-53.1	>= Plan	20 %
	Forecast I&E £m	-30.0	-29.9	-29.8	-31.0	-31.0	>= Plan	20 %
	Normalised Forecast £m	-30.0	-29.9	-29.8	-30.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	2	1	0	1	0	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.0	4.0	3.7	3.7	4.1	< 3.6	10 %
	Staff Turnover (%)	13.6	13.4	13.4	13.2	13.0	<= 10	15 %
	Vacancy (%)	11.4	11.0	13.0	13.6	13.3	<= 7	15 %
	Total Staff In Post (SiP)	6968	7009	7015	7052	7058		1 %
	Shifts Filled - Day (%)	100	97	99	100	99	>= 80	15 %
	Shifts Filled - Night (%)	108	106	104	105	104	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10	11	10	11	11		
	Bank Filled Hours vs Total Agency Hours	59	58	56	57	59		1 %
	Agency %	6.8	6.8	6.6	7.0	7.1	<= 10	
Training	Appraisal Rate (%)	81.4	80.9	80.1	71.8	67.2	>= 85	50 %
	Statutory Training (%)	89	90	91	90	91	>= 85	50 %

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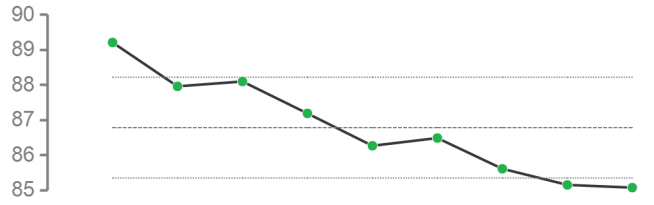
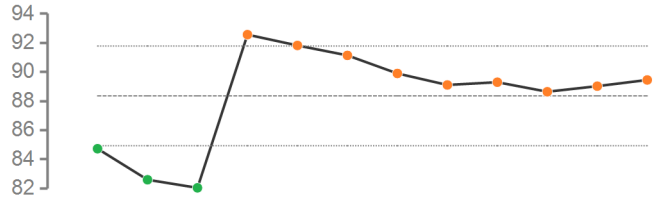
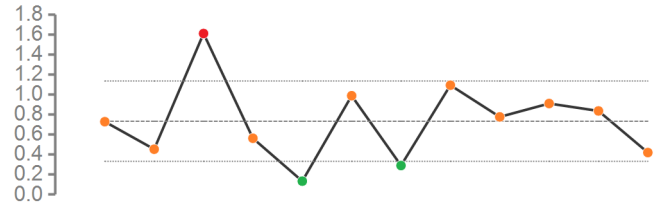
Strategic Theme: Patient Safety

Mortality

Jun	HSMR (Index)	87 (-4.2%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha
Jun	RAMI (Index)	89 (-0.4%)		Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro
Jun	Crude Mortality EL (per 1,000)	0.7 (60.8%)		The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

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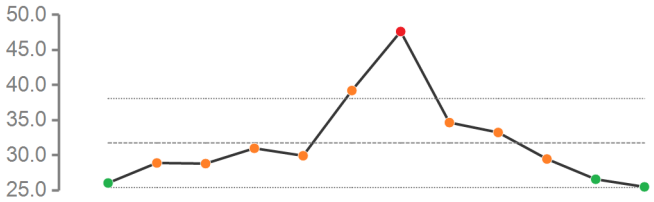
Strategic Theme: Patient Safety

Jun

Crude Mortality NEL (per 1,000)

31.7 (19.8%)



The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

The 2 year crude mortality trend shows the Trust to follow the peer trend but consistently at a higher rate. The peer distribution showed the Trust rate of 1.4% to be 0.1% higher than the peer rate for the 2 year period.

The Hospital Standardised Mortality Ratio (HSMR) is in the 25th percentile of Acute Trust Peers and in the latest dataset period (June 2017 to May 2018) was 85.6%

The latest risk associated mortality index (RAMI) of 90.2 for this reporting period (June 2017 to May 2018) remains at the peer 50th percentile in comparison to Acute Trust Peers.

The latest summary hospital mortality index (SHMI) reported on NHS digital is from the January 2017 to December 2017 period and was 1.02 (0.90-1.12, 95% over dispersion control limits). A SHMI of 1.02 is categorised 'as expected'. For the period January 2017 to December 2017 there were 106,295 admission spells, 4100 deaths expected both in hospital and within 30 days of discharge and 4164 deaths observed. Overall 65.75% of deaths contributing to the SHMI occurred in hospital and 34.25% within the 30 days of discharge, these percentages have remained very consistent since October 2015.

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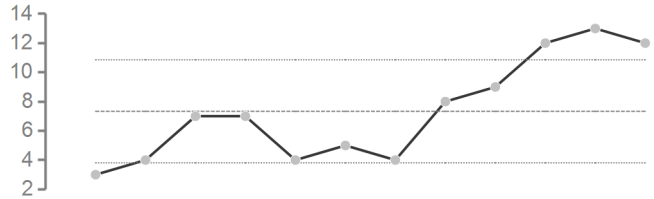
Strategic Theme: Patient Safety

Serious Incidents

Jun	Serious Incidents (STEIS)	88 (7.3%)		Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Strategic Theme: Patient Safety

Jun

Never Events (STEIS)

5
(150.0%)

Monthly number of Never Events. Uses validated data from STEIS.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Total open SIs on StEIS in June 2018: 71 (including 12 new)
SIs under investigation: 52
Breaches: 13
Non-breaches: 39
Waiting EKHUFT non-closure response: 7
Waiting CCG response: 11

Supporting Narrative:
The number of breached cases is 13; the number of long standing breaches continues to reduce, however breached cases numbers have remained fairly static since December 2017 as work continues on clearing the longest breached cases. One case is breached by over eight months but is close to completion. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

The Clinical Effectiveness Manager and Head of Patient Safety continue to work with the divisions to progress completion of breached cases.

The 12 new SIs are:
- one never event relating to a retained product
- three pressure ulcer cases
- one case of self-harm
- five treatment delay cases relating to lung cancer (two), caecal cancer, renal cancer and ophthalmology
- two medication case relating to Methotrexate and Insulin

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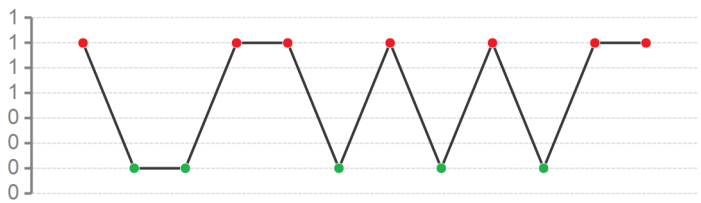
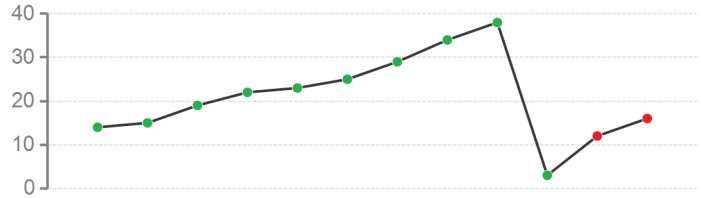
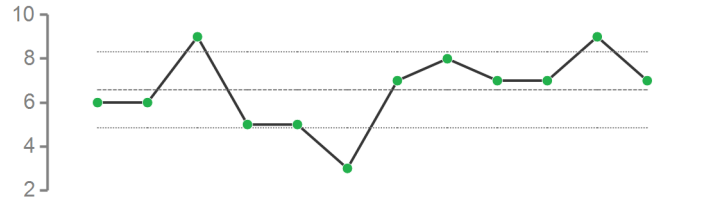
Strategic Theme: Patient Safety

Infection Control

Jun	Cases of MRSA (per month)	7 (-30.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia
Jun	Cases of C.Diff (Cumulative)	16 (33.3%)		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.
Jun	E. Coli	79 (-17.7%)		The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

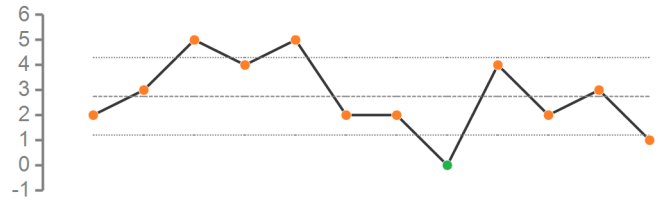
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jun

MSSA

33
(26.9%)



The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases thus far would see us exceeding the trajectory set for the year by the Department of Health. All of the cases to date have been in either the Urgent Care & Long Term Conditions Division (12 cases) or Surgical Division (5 cases).

The Trust rate of C.difficile per 100,000 bed days is currently 19.3, significantly higher than our average over the preceding 8 years (14.4, range 8.5-25.0) and the current England average of 12.7/100,000 bed days.

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre 48 hour cases to the CCG. In the last 8 years our rate of MRSA per 100,000 bed days was 1.84 (range 0.0 - 3.1) and by virtue of 2 assigned bacteraemias year to date our rate per 100,000 bed days is 2.41, this compares with national rate of 0.86 and a Kent & Medway rate of 2.89/100,000 bed days.

MSSA

In the last 8 years our rate of MSSA per 100,000 bed days was 7.53 (range 6.12-11.02). Our current rate is 7.22, below that for Kent & Medway and below the national rate (9.10 and 9.59/100,000 bed days respectively).

E.coli

In the last 7 years our rate of E.coli per 100,000 bed days was 22.6 (range 14.6-28.2). Our current rate is 27.7, exactly the same as the Kent & Medway rate but below the national rate of 22.4/100,000 bed days.

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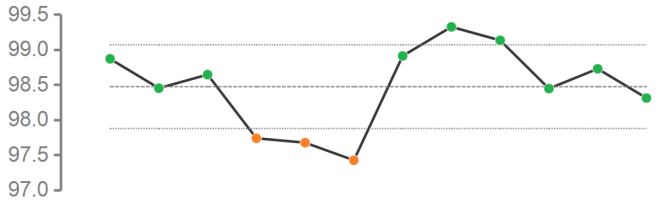
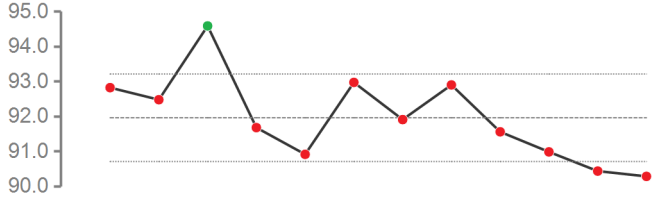
Strategic Theme: Patient Safety

Harm Free Care

Jun	Harm Free Care: New Harms (%)	98.5 (0.0%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.
Jun	Harm Free Care: All Harms (%)	92.0 (-0.9%)		Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic

Comments:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for June-18 (90.29%) shows a small deterioration since last month (90.44% May-18). However, marked improvements are seen in the Specialist Division with a rise to 98.52% (97.37% May-18) and Surgical Division 90.67% (88.12% May-18).

The total of Harm Free Care experienced in our care (New Harms only) at 98.36% fell slightly since last month (98.73% May-18) but the prevalence of New Pressure Ulcers, Catheters and New UTIs, Falls with Harm and New VTEs is below the national average .

The prevalence of catheters & New UTIs has improved for June-18 and is lower than both the overall National Average (0.28%) and the Acute Hospital only average (0.36%). Further work will continue in exploring admission sources, and to identify any themes, for patients admitted with a urinary catheter to sustain improvement. Improvement work continues including involvement in revision of Kent wide catheter guidelines and planned launch of the catheter passport.

Rigorous work will continue to ensure robust validation of prevalence data to ensure harms are kept to a minimum and that patient safety remains a priority.

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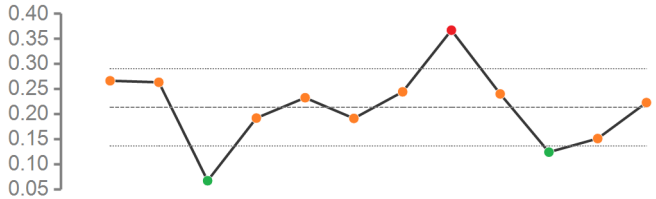
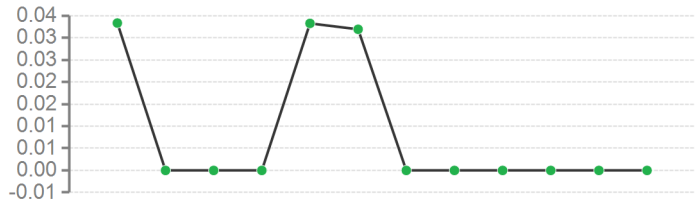
Strategic Theme: Patient Safety

Pressure Damage

Jun	Pressure Ulcers Cat 2 (per 1,000)	0.21 (-32.8%)		Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12
Jun	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-47.9%)		Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous

Comments:

In June 2018 there were a total of 42 pressure ulcers reported. 32 of these were category 2 ulcers. This is an increase of 8 from last month. The trust was over the 0.15 avoidable incidence/1000 bed days with a result of 0.233/1000. 7 were avoidable, an increase of 2 to last month. These were avoidable due to no heel offloading, lack of repositioning evidence and tight net underwear causing a blister. The trust reported 2 less avoidable category 2 pressure ulcers in quarter in comparison to 2017-18.
There were 0 confirmed category 3 or 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers.
10 potential deep ulcers were reported a decrease of 4. 2 of these were avoidable (equal to last month). 1 sacral ulcer and one of the hip both due to lack of repositioning and inappropriate support surface. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.064./1000 bed days.
Actions in June 2018:

- 3 TVNs have completed an External leg ulcer course to improve standards across EKHUFT
- Joint equipment reviews with Moving and Handling team planning to complete trials on Seating, turning devices and active mattresses
- Increased referrals on Careflow increasing efficiency in response
- Active participation in Kent and Medway Collaborative meeting
- Site initiation meeting for MIDFUT (Multiple Interventions for Diabetic Foot Ulcer Trial)
- Heel campaign pack resent to all ward managers and matrons for display on wards to refresh campaign

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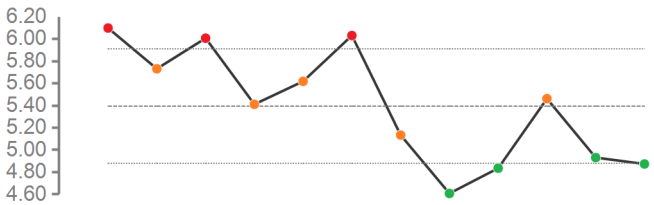
Strategic Theme: Patient Safety

Falls

Jun	Falls (per 1,000 bed days)	5.39 (-3.1%)		Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ

Comments:

Falls incidents have decreased in June 2018, although within control limit, nearing the lower limit which is positive. There were a total of 152 compared with 160 in May. 45 were at K&CH, this was compared to 51 in May, 32 at QEQMH this has remained the same and 75 at WHH a reduction of 2.

At WHH 6 falls occurred on CJ, the ward was changed to Frailty in March, this is a significant improvement from May where there was 11 falls. The ward rearrangement meant CM1 was moved to CJ the frailty ward therefore had an increase in numbers, however CM1 has been staffed with temporary agency staff and an increase in falls has occurred where there was 9 falls.
9 falls were reported on CDU compared to 11 in May. CDU have introduced a TAGG system from
July 1st to ensure a staff member is in the bay during all day time shifts.

At K&CH there were 10 falls on Harbledown ward, 8 on Kingston ward. There were 3 falls on Invicta ward. Most patient falls were associated with confusion and delirium. The falls have decreased at KCH overall.

Actions:
1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards. Wards taking part are CDU and frailty wards at WHH, CDU, St Margaret's and St Augustine's at QEQMH and Invicta and Harbledown at K&CH.
2. Fall Stop education sessions have been undertaken with pharmacists and therapy technicians, as part of their 'Falls and Frailty May' programme, who will begin a process within frailty wards, of technicians identifying patients who are at risk of falls due to culprit drugs and referring them for medication reviews.
3. Link worker meetings have taken place across all 3 sites to share the national audit findings and promote Fall Stop.
4. Therapy engagement is on-going to involve them in lying and standing blood pressure measurements.
5. Hip fractures are currently being graded as severe, following the national audit recommendations. However, there is further discussion needed to agree to level of investigation of these as up to half are unavoidable and therefore may not warrant a full RCA.
6 EKHUFT are now involved with the 2nd phase of the NHS Improvement Falls Collaborative. The launch was on the 20th June 2018. This enabled a great opportunity to be involved in a national project of quality improvement around falls. The team is multi-professional, and fits with our action plan for falls and the FallStop programme. The key focus is to work around Lying and Standing blood pressures. The event was well attended and the 2nd day was recently attended on the 17th July.
CJ frailty ward and CL also frailty and Harbledown are taking part. The event was also attended by the ward manager from Invicta ward at K&CH.

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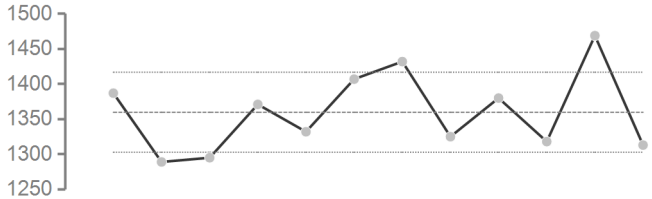
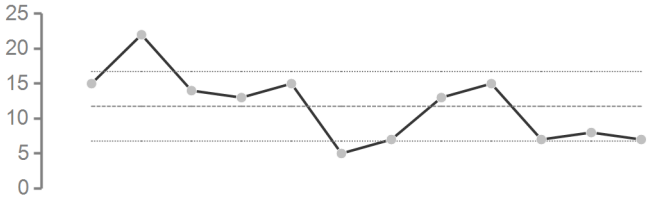
Strategic Theme: Patient Safety

Incidents

Jun	Clinical Incidents: Total (#)	16,318 (-1.6%)		Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.
Jun	Blood Transfusion Incidents	141 (-3.4%)		The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

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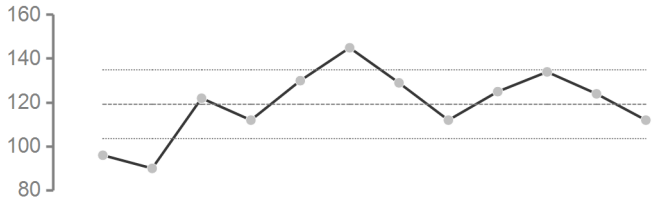
Strategic Theme: Patient Safety

Jun

Medicines Mgmt. Incidents

1,431 (9.8%)



The number of medicine management issues sourced from Datix.
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

Comments:

Clinical incidents overall summary
A total of 1284 clinical incidents have been logged as occurring in Jun-18 compared with 1447 recorded for May-18 and 1371 in Jun-17.
In Jun-18, 12 incidents have been reported on StEIS. 23 incidents have been escalated as a serious near miss, of which 21 are still under investigation. Comparison of moderate harm incidents reported: 12 in Jun-18, 12 in May-18 and 16 in Jun-17.
Over the last 12 months incident reporting shows an increase at QEQM and K&CH, but continues to decline at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 7 Blood Transfusion related incidents for June 2018 (6 in May 2018 and 8 in June 2017).

All seven incidents were classified as no harm and one as low harm.

The reported incidents included a recall of a unit of platelets by the National Blood Service, anti D not administered within 72 hours, a delay in taking samples and sending them to the laboratory and three query transfusion reactions. All the query transfusion reactions were investigated fully and no serological incompatibilities were found. The reactions were more likely due to the underlying clinical conditions of the patients.

No other themes were identified with the incidents reported.

Reporting by site: 3 at QEQM, 2 at K&CH and 2 at WHH

Medicines management (submitted by the Medication Safety Officer)
As of 19/07/2018 the total number of medication related incidents reported in June 2018 was 153. These included 96 no harm, 55 low harm, 1 moderate harm and 1 death incident. The death incident was an incident that occurred in March 2017 picked up on a retrospective audit and concerned a patient with type 2 diabetes not being prescribed insulin whilst in hospital or on discharge which led to re-admission and rapid decline. The other areas of concern include the unsafe prescribing of methotrexate and the recurrent incidents of patients being prescribed enoxaparin with direct oral anticoagulants such as apixaban.
The severity of medication related incidents in June 2018 shows that 62.7% of medication related incidents reported were no harm incidents, a decrease from 72.3% in May. 1 incident reported in June required RCA investigation and 1 sTEIS reported.
There were 49 incidents in June 2018 categorised as 'omitted medicine/ingredient', representing 32% of all medication related incidents in June. The data produced by the Medication Safety Thermometer in June 2018 was taken from 25 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication has further decreased to 17.3% and the percentage of patients with a missed critical medicine was 7.2% in June. This included 11 wards with less than 10% of patients with a missed dose of medication and 11 wards with less than 5% of patients with an omitted critical medicine.

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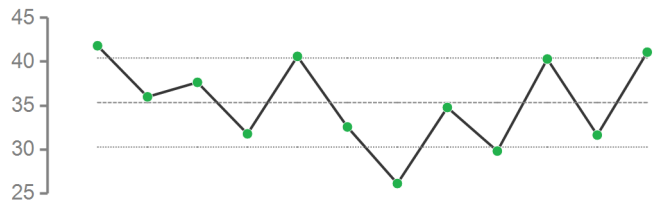
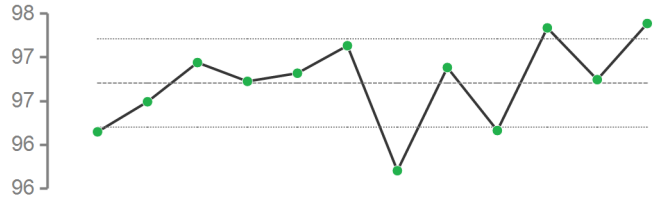
Strategic Theme: Patient Safety

Friends & Family Test

Jun	FFT: Response Rate (%)	35 (-4.7%)		The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon
Jun	FFT: Recommend (%)	97 (0.3%)		Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction

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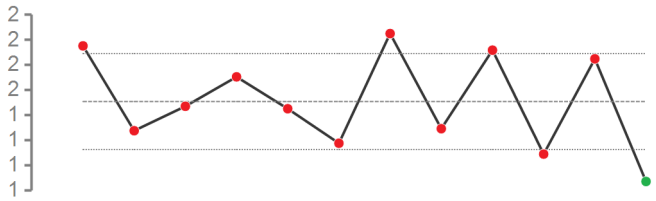
Strategic Theme: Patient Safety

Jun

FFT: Not Recommend (%)

1.5
(-16.7%)



Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust.
Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct

Comments:

A total of 9442 responses were received (38.5% eligible patients). Overall response rates fell for day cases, and ED's this month. Inpatients and maternity's response rates increased for this month. Response rate for the EDs was 16.7% (17.4% May-18), inpatients 38.7% (31.6% May-18), maternity; birth only 30.4% (10.3% May-18) and day cases 22.9% (24.0% May -18).

Recommendations by patients in June were improved to May in ED's, daycases and inpatients, however, fell slightly in outpatients and maternity. The total number of inpatients, including paediatrics, who would recommend our services 97.3% (96.7% May-18), EDs 85.5% (83.2% May-18), maternity 98.8% (100% May-18), outpatients 91.1% (92.3% May-18) and day cases 96.3% (94.6% May-18).

91.7% of responders would recommend us to their friends and family and 5.0% would not. The Trust star rating in June is 4.58 (4.56 May-18). Staff attitude, Care and Competence as the three top positive themes for June-18 and the three top negative themes for the trust were Care, Staff attitude and waiting times demonstrating the importance of improving patients waiting times and ensuring that staff attitude is positive for good patient experience.

All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Divisional Governance teams.

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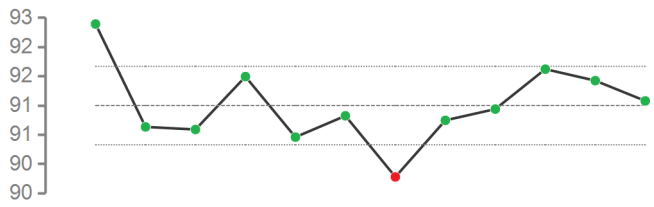
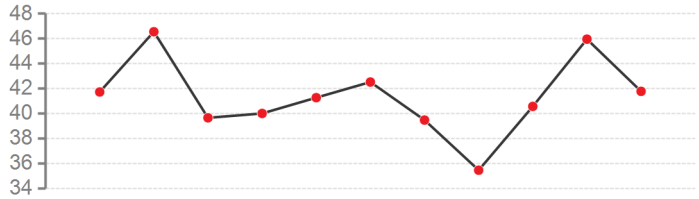
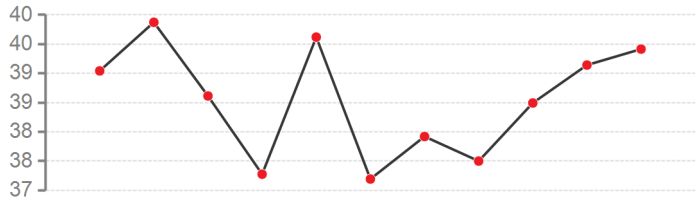
Strategic Theme: Patient Safety

Patient Experience 1

Jun	Overall Patient Experience %	91.0 (-1.5%)		Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las
Jun	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses
Jun	Aware of Nurse in each shift %	38		Aware of nurse in each shift

Comments:

This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

New questions were added into the survey in Aug-17 to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. . This month we received 2,430 completed inpatient surveys. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

This month small decreases are seen in two of three of these important elements of patient experience and overall patient experience has fallen slightly. The results of the 2017 national adult inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan has been drafted and the questions within this local survey will be amended to reflect improvement priorities, with progress monitored through the Patient Experience Group.

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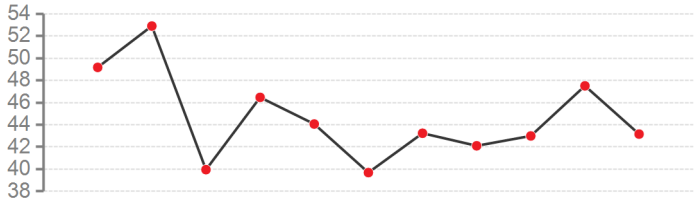
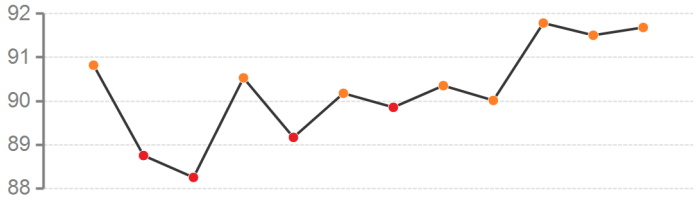
Strategic Theme: Patient Safety

Patient Experience 2

Jun	Discuss Worries with Nurses %	44		Discuss Worries with Nurses
Jun	Cleanliness? %	90 (-1.1%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show

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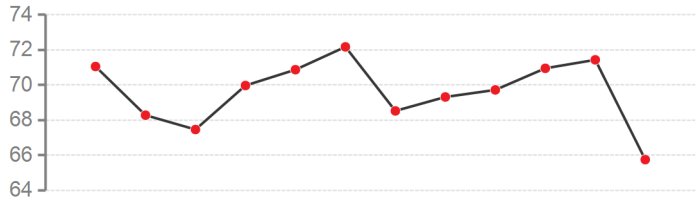
Strategic Theme: Patient Safety

Jun

Hospital Food? %

70
(-3.9%)



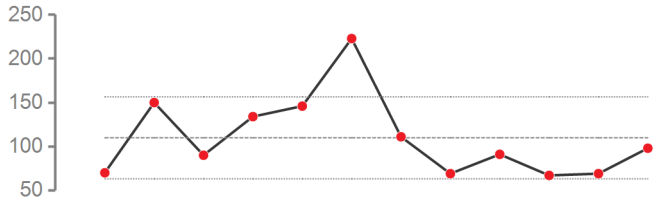
Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in

Comments:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Most wards have reported their performance (against the patient experience metrics) through the inpatient survey in June-18 and there has been an increase of non-compliant wards for FFT. However, compliance has and will continue to improve for the Trust.

Patient surveying (for cleanliness and hospital food) has been discussed at this months Patients Experience Group with a view to linking Inpatient surveying with supported volunteering surveying. Its important that the number of patients completing the survey increases so as to ensure an accurate and useful survey response is available to inform decision making. This work will be progressed over the coming months.

Mixed Sex

Jun	Mixed Sex Breaches	1318 (224.6%)		Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

There were 25 mixed sex accommodation occurrences in total, affecting 140 patients.

Incidence of mixed sex accommodation breaches increased slightly this month to May and there were 12 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH RSU (8) CCU WHH (2), K&C ITU (1) and QEQM Fordwich (2), which were justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in certain areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work continues as the trust is working closely with the CCG and NHSI on the Mixed Sex Accommodation Improvement Collaborative over the next 6 months. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

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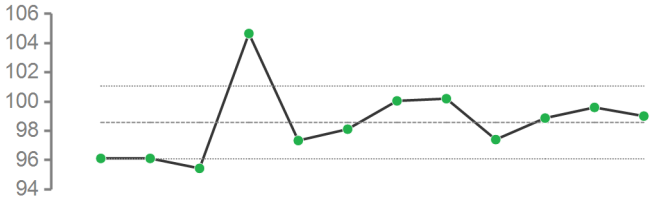
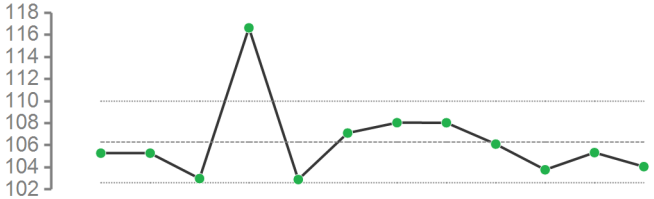
Strategic Theme: Patient Safety

Safe Staffing

Jun	Shifts Filled - Day (%)	99 (1.4%)		Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Shifts Filled - Night (%)	106 (-1.0%)		Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

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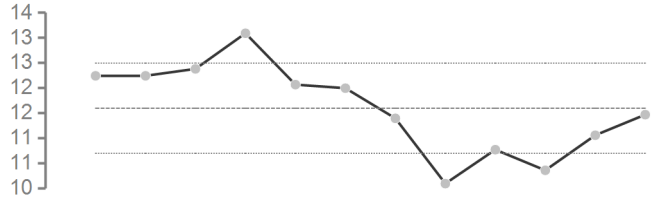
Jun	Care Hours Per Patient Day (CHPPD)	12 (104.7%)	

Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12

Comments:

% fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 100.9% (101.7% May-18).

Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, Deal, Invicta, Treble, MountMcMaster, Fordwich, Kingston, Harbeldown, ITU K&C and Kennington).

Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in June was 8.3 (8.2 May-18). The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard (Apr-18 data) shows EKHUFT average CHPPD is in the mid to low 25% (Quartile 2) and in line with our recommended peer group and peer median based on spend and clinical output.

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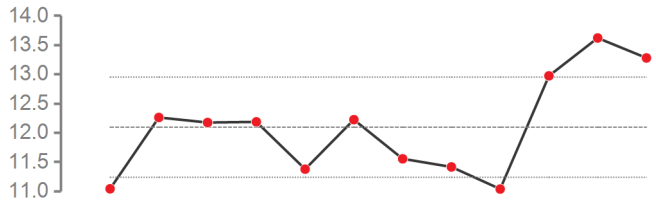
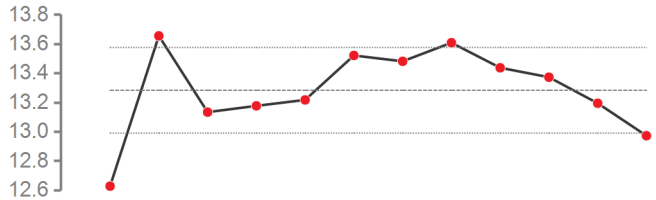
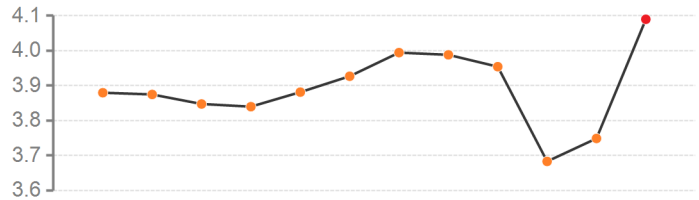
Strategic Theme: Human Resources

Gaps & Overtime

Jun	Vacancy (%)	12.1 (15.9%)		% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Staff Turnover (%)	13.3 (5.6%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous
Jun	Sickness (%)	3.9 (-1.1%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont

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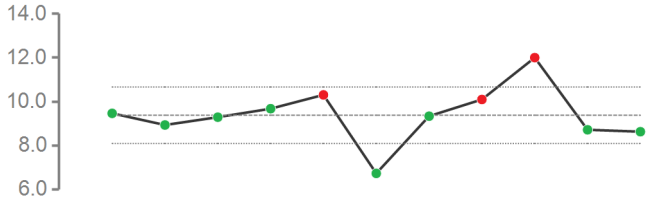
Strategic Theme: Human Resources

Jun

Overtime %

9.4
(8.2%)



% of Employee's that claim overtime.
Number indicates average of last 12 months data (as shown in graph).

Comments:

Gaps and Overtime

The vacancy rate increased to 12.1% for the average of the last 12 months, which is higher than last year, although the in month rate fell by approximately 0.5%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 309 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 123 Nursing and Midwifery staff and 45 Medical and Dental staff.

The Turnover rate in month fell to 12.3%, although the 12 month average is higher than the previous 12 months at 13.3%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

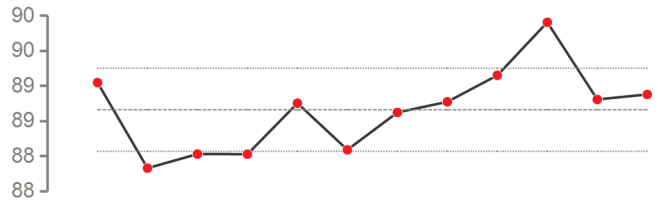
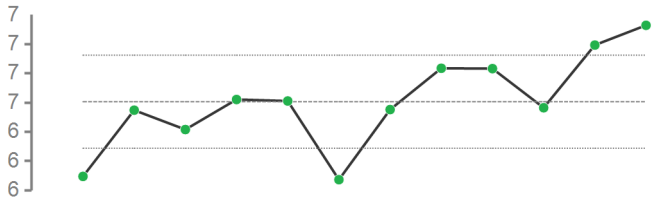
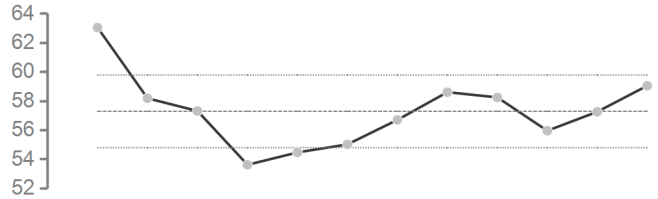
The in month sickness absence position for June was 3.81% - which is slightly higher than the 3.69% in May. However, the 12 month average fell to 3.9%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

Overtime as a % of wte decreased slightly last month. The average over the last 12 months fell by 0.1% on the previous month, but . All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Jun	Employed vs Temporary Staff (%)	88.7 (-1.2%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again
Jun	Agency %	6.6 (20.0%)		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).
Jun	Bank Filled Hours vs Total Agency Hours	57 (3.3%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jun

Local Induction Compliance %

28.8
(85.8%)

Local Induction Compliance rates (%) for temporary employee's to the Trust.
Number indicates average of last 12 months data (as shown in graph).

Comments:

Temporary Staff

Total staff in post (WTE) increased slightly from 7067 in May to 7074 in June, which left a vacancy factor of approx. 776 wte across the Trust. As stated in the previous section, there are currently 309 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE increased slightly at approx. 7%, and still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.6% of WTE (6.5% in the previous month).

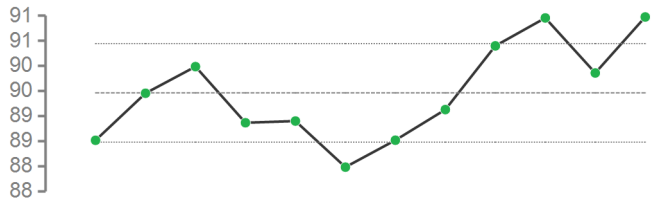
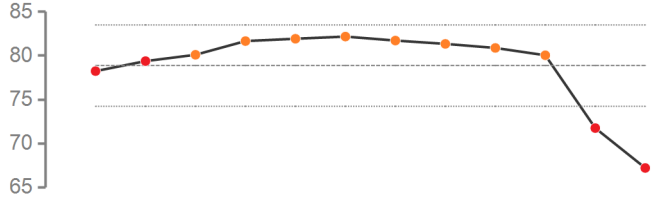
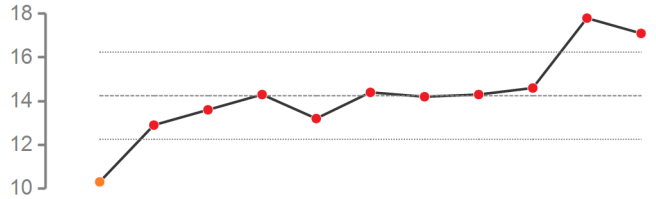
The average percentage of employed staff vs temporary staff over the last 12 months remains 88.7%.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

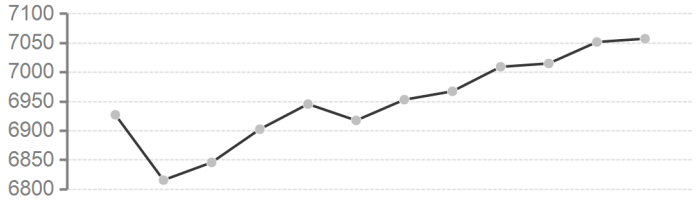
Jun	Statutory Training (%)	89 (1.5%)		The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr
Jun	Appraisal Rate (%)	78.9 (-3.1%)		Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Time to Recruit	14 (19.4%)		Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jun

Total Staff In Post (SiP)	7058	(0.1%)



Count of total staff in post (WTE)

Comments:

Workforce & Culture

Average Statutory training 12 month average is 89% and remains 91% in month for June. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to 76% in month for June. This is a result of many clinical appraisals happening during April in the previous year, which were not completed within the 12 month period. The Specialist Division (72%) and Surgical Services Division (77%) remain above Trust Average. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 14 weeks, the same as last month. However a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services. The new Trac system will support this reduction.

Strategic Theme: Activity

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Jun

	Jun-18				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	14,628	15,399	(-771)	-5%	44,476	42,979	1,497	3%	44,476	43,576	900	2%	<=0%
Referral Non-Primary Care	14,739	14,422	317	2%	44,688	41,912	2,776	7%	44,688	41,963	2,725	6%	<=0%
OP New	19,328	19,249	79	0%	54,797	54,109	688	1%	54,797	53,354	1,443	3%	>=0%
OP Follow Up	41,715	42,848	(-1,133)	-3%	121,276	116,236	5,040	4%	121,276	117,905	3,371	3%	>=0%
Elective Daycase	6,612	6,684	(-72)	-1%	19,577	19,350	227	1%	19,577	18,242	1,335	7%	>=0%
Elective Inpatient	1,282	1,340	(-58)	-4%	3,736	3,843	(-107)	-3%	3,736	3,584	152	4%	>=0%
A&E	18,068	17,926	142	1%	54,239	53,734	505	1%	54,239	53,351	888	2%	>=0 & <5%
Non-Elective Inpatient	6,650	6,990	(-340)	-5%	20,110	20,997	(-887)	-4%	20,110	20,836	(-726)	-3%	>=0 & <5%
Chemotherapy	1,190	1,264	(-74)	-6%	3,642	3,537	105	3%	3,642	3,597	45	1%	>=0%
Critical Care	1,643	1,558	85	5%	5,390	4,770	620	13%	5,390	5,368	22	0%	>=0%
Dialysis	6,622	6,835	(-213)	-3%	20,344	20,618	(-274)	-1%	20,344	20,199	145	1%	>=0%
Maternity Pathway	1,099	1,202	(-103)	-9%	3,332	3,532	(-200)	-6%	3,332	3,543	(-211)	-6%	>=0%
Pre-Op Assessments	3,585	3,391	194	6%	10,466	9,522	944	10%	10,466	8,463	2,003	24%	>=0%
Diagnostic	461,042	456,823	4,219	1%	1,386,482	1,313,741	72,741	6%	1,386,482	1,308,304	78,178	6%	<=0%
Other	5,011	4,765	246	5%	15,406	14,166	1,240	9%	15,406	14,043	1,363	10%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments.

June 2018

Elective Care

In June Primary Care referrals were 2% below expected levels reducing the YTD variance to 3% (+1497). An administrative error within the Paediatric service has now been resolved however the Paediatric Blood Clinics where the recording issue was identified remains in the YTD position. Rapid Access referrals do remain high compared to last year (+14%) however June saw the first month where Rapid Access referrals were below planned levels.

The Trust achieved the new outpatient plan for June with appointments at levels. The YTD variance remains 1% above plan. General Medicine, Neurology, T&O and Urology remain the biggest drivers behind the under-performance. Eleven services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan. The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery.

Outpatient productivity delivered by the Trust in June was at similar levels to the previous month allowing the Trust to clear another 990 patients from the outpatient waiting list.

The Trust under-performed the follow up plan in June (-3%) but remains above planned levels YTD (+4%). General Medicine (-765) and Rheumatology (-565) continue to underperform the business plan. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity due to commence in mid-August.

In June the Trust under-achieved the Daycase plan by -72 patients, however, the YTD performance remains above planned levels (+227). Large underperformances were seen in key elective specialties Orthopaedics, Dermatology, Gynaecology and Ophthalmology. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end on April. Additional weekend injection lists commenced in June and additional capacity is to be delivered at KCH through an insourcing provider in order to start to recover the position. A change in recording will likely render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient with procedure will offset the daycase underperformance. The Ophthalmology service have developed long term plans to address the underperformance through improved theatre booking efficiencies.

Elective Admissions are 3% behind the plan in the YTD with large underperformances observed in Urology (-162) and Gynaecology (-164). Due to emergency pressures, elective inpatient activity was limited for the Urology service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked and this is reflected in the Urology YTD daycase performance.

Non Elective Care

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted. From the 19th June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

In monitoring Non Elective care, metrics (detailed below) are reviewed to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust continued to be at challenging levels and decreased slightly in May to an overall Trust wide position of 99.1% of funded beds (100.8% in March). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position increased slightly to 101.2% in May, compared to 100.8% in April. The William Harvey Hospital position has deteriorated slightly with an overall bed occupancy of 99.6% in May, (98.9% in April). Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During May the number of medical outliers remained at a similar level to April, with a monthly average of 56 medical outliers across the Trust. Individual site levels of medical outliers over the month were 9 at the Queen Elizabeth the Queen Mother Hospital (average of 13 in April) and 40 at William Harvey Hospital (36 in April).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,573	4,544	-21%	-971
650 - Physiotherapy	2,477	2,818	-12%	-341
300 - General Medicine	29	360	-92%	-331
120 - Ear, Nose & Throat	2,750	3,002	-8%	-252
410 - Rheumatology	1,008	782	29%	226
103 - Breast Surgery	2,119	1,813	17%	306
420 - Paediatrics	1,722	1,359	27%	363
101 - Urology	2,249	1,836	22%	413
110 - Trauma & Orthopaedics	2,658	2,192	21%	466
330 - Dermatology	3,781	3,308	14%	473
Total	**43,587**	**42,946**	**1%**	**641**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,624	1,883	-14%	-259
400 - Neurology	452	681	-34%	-229
650 - Physiotherapy	3,212	3,389	-5%	-177
420 - Paediatrics	595	769	-23%	-174
330 - Dermatology	336	490	-31%	-154
651 - Occupational Therapy	671	797	-16%	-126
140 - Maxillo Facial	658	520	27%	138
300 - General Medicine	731	364	101%	367
130 - Ophthalmology	3,927	3,045	29%	882
110 - Trauma & Orthopaedics	6,007	5,055	19%	952
Total	**43,107**	**41,904**	**3%**	**1,203**

OP New

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	374	862	-57%	-488
400 - Neurology	1,006	1,437	-30%	-431
110 - Trauma & Orthopaedics	4,115	4,466	-8%	-351
101 - Urology	2,295	2,617	-12%	-322
502 - Gynaecology	3,574	3,820	-6%	-246
340 - Respiratory Medicine	1,437	1,249	15%	188
800 - Clinical Oncology	1,154	927	25%	227
103 - Breast Surgery	2,059	1,784	15%	275
330 - Dermatology	3,567	3,166	13%	401
650 - Physiotherapy	4,998	4,413	13%	585
Total	**54,433**	**54,106**	**1%**	**327**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	686	1,455	-53%	-769
410 - Rheumatology	2,707	3,272	-17%	-565
110 - Trauma & Orthopaedics	10,682	11,054	-3%	-372
502 - Gynaecology	4,337	3,948	10%	389
650 - Physiotherapy	15,165	14,684	3%	481
290 - Community Paediatrics	6,081	5,589	9%	492
340 - Respiratory Medicine	2,199	1,620	36%	579
330 - Dermatology	5,080	4,498	13%	582
800 - Clinical Oncology	10,862	10,117	7%	745
101 - Urology	5,867	5,118	15%	749
Total	**120,127**	**116,230**	**3%**	**3,897**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,170	1,563	-25%	-393
330 - Dermatology	1,185	1,463	-19%	-278
502 - Gynaecology	595	801	-26%	-206
130 - Ophthalmology	1,169	1,336	-13%	-167
340 - Respiratory Medicine	342	223	53%	119
300 - General Medicine	5,200	5,061	3%	139
303 - Clinical Haematology	936	771	21%	165
100 - General Surgery	507	320	58%	187
301 - Gastroenterology	408	212	92%	196
800 - Clinical Oncology	1,556	1,086	43%	470
Total	**19,548**	**19,350**	**1%**	**198**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	691	860	-20%	-169
502 - Gynaecology	282	446	-37%	-164
110 - Trauma & Orthopaedics	808	899	-10%	-91
320 - Cardiology	53	112	-53%	-59
100 - General Surgery	282	318	-11%	-36
430 - HCOOP	19	39	-51%	-20
340 - Respiratory Medicine	39	9	333%	30
420 - Paediatrics	84	49	73%	35
503 - Gynaecology Oncology	100	26	279%	74
300 - General Medicine	578	272	113%	306
Total	**3,785**	**3,843**	**-2%**	**-58**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	6,003	6,623	-9%	-620
430 - HCOOP	2,542	3,003	-15%	-461
180 - Accident & Emergency	922	1,250	-26%	-328
560 - Midwifery	616	703	-12%	-87
420 - Paediatrics	2,209	2,277	-3%	-68
422 - Neonatology	174	130	33%	44
104 - Colorectal Surgery	77	18	325%	59
301 - Gastroenterology	157	61	157%	96
340 - Respiratory Medicine	233	81	187%	152
100 - General Surgery	1,668	1,452	15%	216
Total	**20,130**	**20,997**	**-4%**	**-867**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	954162	883794	8%	70,368
Other	15120	14074	7%	1,046
Pre-Op	10459	9521	10%	938
Critical Care	5390	4770	13%	620
A&E	54240	53734	1%	506
Maternity Pathway	3332	3532	-6%	-200
Dialysis	13722	13783	0%	-61
Chemotherapy	3556	3537	1%	19

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

82.55%

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
4 Hour Compliance	71.18%	70.10%	70.51%	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%
12 Hour Trolley Waits	1	2	0	0	0	2	2	0	2	1	0	0
Left without being seen	5.30%	4.69%	4.38%	3.56%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%
Unplanned Reattenders	9.36%	9.22%	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.09%	9.61%	9.08%	9.29%
Time to initial assessment (15 mins)	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%
% Time to Treatment (60 Mins)	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%

2018/19 Trajectory (NHSI return 2nd May)

4.09 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%
Performance	76.9%	80.8%	82.6%									

*The historic 4 Hour compliance position differs slightly from that previously published. While this means that the figures contained here from those submitted nationally, they have been re-stated to be reflective of EKHUFT site performance and in order to align against the NHSI trajectory over 2018-19.

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

Summary Performance

June performance for the 4 hour target was 82.6%; against the NHS Improvement trajectory of 78.5%.This represents a further improvement in performance compared to the previous months and is the fifth month of improvement. There were no 12 Hour Trolley Waits in June. The number of patients who left the

department without being seen continued to be compliant at 2.1%, whilst unplanned reattendances remained uncompliant at 9.3%. Time to treatment improved to a compliant position of 51.7% for June.

The Chief Operating Officer is the senior responsible officer (SRO) for the comprehensive A&E Improvement Plan, the plan is monitored weekly and key improvement highlights in June have included:

- Recruitment is underway for two clinical site practitioners (CSP) to enable two CSP's to lead bed allocation during the weekday shifts by August 2018. The benefits of having two CSP's on duty will be to ensure that there is a senior nurse overseeing all emergency admissions and also have senior clinical oversight of the operational running of the hospital on a 24/7 basis.
- Work is progressing to establish an Urgent Care Centre (UCC) model at both QEQM and WHH; a review of all triage models within ED has been completed with training on a new triage model beginning July 18. A defined model of care definition for each area is being agreed with a review of workforce capacity to demand for medical and nursing staff. GP streaming with be included within the UCC model.
- Following a detailed review of the physical space in the ED's, a business case is being developed to implement an ED observation ward at each site. Opportunities for improving observation areas in women's health and surgical assessment at QEQMH are underway.
- The whole health economy are working together to reduce the number of patients who are delayed in hospital awaiting discharge. Internally within the Trust there is a workstream focussing on improving the efficiency of our internal processes to reduce length of stay, this includes a commitment to embed national programmes such as SAFER and End PJ Paralysis. A workshop has been held to review the length of stay improvements and agree interventions for all wards. Multi-disciplinary, consultant led board rounds have become embedded each weekday morning, with some wards embedding the next step of an afternoon review 'wash-up' meeting to ensure that the plans agreed in the morning are being progressed.
- The Trust winter plan is being reviewed both internally, with NHSI and key partners to ensure that lessons learned from last winter are included in this year's plan. A whole system workshop is planned for July.
- The final stages of the IDT review are underway and a new model for supported discharge being proposed for our future.

Several Business Cases have also been approved and are now actively being implemented, this includes:

- The 'silver roster' cover in ED which provides additional senior operational support to the nurse in charge of ED, to improve patient flow and reduce the number of breaches of the 4 hour emergency access standard.
- Nursing staff for the RATT (rapid assessment and treatment) area to enable patients to be assessed by a senior clinician within 60 minutes of arrival. WHH ED has a dedicated RATT area and continues to see improvements in the number of patients assessed within 60 minutes of arrival and this process continues to support timely ambulance handover. QEQMH are not able to run a RATT area currently due to lack of a dedicated area.
- Additional CT and ultra sound capacity in radiology to reduce delays waiting for diagnostics.

It has been a priority for the Trust to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging on days of higher than expected attendances. The number of GP expected medical patients arriving in ED in the early evening remains high. However, in July, SECAMB are piloting the implementation of additional vehicles to respond to non-urgent GP calls to transport patients to hospital for assessment and it is expected that this will enable patients to arrive in ED earlier in the day. The benefits of this will be to facilitate a consultant review and reduce the likelihood of admission.

The redesign of the Emergency Floors is well underway and delivering over and above the anticipated improvements in performance. Building works to the minor injuries area at QEQMH have now completed and plans are being developed to review the Emergency Floor (ED, Medical Assessment Units and Ambulatory Care) to improve patient flow and provide a dedicated or expanded ED observation ward. The improvement and redesign plans for ED are being led by senior clinical staff working across the emergency floor.

The business cases for increasing observation bays, two resus bays at WHH, observation bays at QEQM and the development of the orthopaedic centre are essential to provide more capacity and reduce occupancy.

The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

68.30 %

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Green
62 day Treatments	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	73.40%	71.88%	66.13%	64.90%	68.30%	>=85%
>104 day breaches	42	30	25	28	27	26	30	29	33	31	33	40	0
Demand: 2ww Refs	3,630	3,329	3,475	3,174	3,399	3,341	2,716	3,398	3,155	3,690	3,860	3,691	2990 - 3305
2ww Compliance	94.86%	95.65%	95.26%	94.63%	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.83%	94.18%	>=93%
Symptomatic Breast	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.16%	>=93%
31 Day First Treatment	93.92%	96.99%	93.23%	98.97%	97.00%	95.67%	94.06%	97.74%	96.08%	95.37%	96.24%	95.59%	>=96%
31 Day Subsequent Surgery	87.04%	89.58%	85.42%	95.12%	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	86.67%	>=94%
31 Day Subsequent Drug	98.41%	95.52%	96.77%	100.00%	100.00%	94.59%	98.85%	98.33%	98.21%	97.87%	98.88%	99.05%	>=98%
62 Day Screening	92.73%	92.00%	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	87.88%	>=90%
62 Day Upgrades	86.84%	87.50%	85.71%	82.98%	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	75.86%	83.33%	>=85%

2018/2019 Trajectory

7.17 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Sep
Performance	66.13%	64.90%	68.30%										Sep

The 62 Day Cancer Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance. A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.

Summary Performance

June performance is currently 68.30% against the improvement trajectory of 77.78%, validation continues until the beginning of August in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,914 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis.

Our overall PTL size has increased by circa 400 since the beginning of March. This is largely due to an increase in two week wait referrals, which over March and April were 18% (+1,047) higher than the previous year. The main specialties affected by this rise are Urology (+64%, +364), Breast (+22%, +240), and Dermatology (+22%, +214). There has been a small reduction in the PTL size during June, but the legacy of the increase means the percentage of patients currently waiting over 62 days (with and without a diagnosis) is currently 7.2%.

Specific high referring GP practices have been shared with CCGs with a view that local care exists with reducing no two week wait referrals.

62 Day Performance Breakdown by Tumour Site

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
01 - Breast	95.0%	92.1%	81.8%	100.0%	96.6%	96.2%	88.9%	83.3%	100.0%	92.9%	96.3%	90.9%
03 - Lung	66.7%	79.3%	100.0%	46.4%	70.0%	84.6%	90.3%	100.0%	81.0%	61.4%	91.2%	69.7%
04 - Haematological	100.0%	43.5%	57.1%	53.3%	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	44.4%
06 - Upper GI	80.0%	73.1%	82.6%	71.1%	81.0%	78.3%	70.0%	64.3%	73.3%	66.7%	69.2%	84.0%
07 - Lower GI	43.2%	75.0%	78.8%	70.8%	53.7%	61.3%	65.9%	43.8%	63.2%	62.9%	47.6%	64.1%
08 - Skin	100.0%	100.0%	84.1%	92.3%	95.0%	92.5%	92.7%	100.0%	88.9%	88.0%	89.3%	96.6%
09 - Gynaecological	60.0%	61.9%	75.0%	73.3%	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	43.8%
10 - Brain & Nervous System		0.0%								100.0%		
11 - Urological	62.4%	55.3%	58.5%	63.8%	55.7%	63.7%	52.0%	63.5%	63.2%	57.7%	51.7%	35.7%
13 - Head & Neck	48.1%	66.7%	90.5%	73.3%	87.5%	28.6%	66.7%	85.7%	78.6%	18.2%	30.0%	90.9%
14 - Sarcoma	0.0%				0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%
15 - Other	100.0%	100.0%	100.0%		42.9%	0.0%	0.0%	0.0%		50.0%	0.0%	0.0%

Risks to delivery of the standard:

Following a review of performance against the national cancer standards, the Chief Operating Officer (COO) has implemented a weekly cancer PTL performance meeting with all divisions. An improvement plan is in place to assist with the delivery of agreed trajectories. Significant improvement in cancer services is required and the COO leads weekly cancer team meeting to review performance against all national cancer standards and with a patient level focus on all patients waiting above 100 days for diagnosis or treatment. Patients are actively being managed to ensure that there is a focus on the next step in the patient's pathway, with the aim of pulling that step forward if it possible to do so.

The improvement plan is based on the following areas:

- Cancer strategy and policies
- Cancer management team
- Two week wait standard
- 38 day standard
- Timed pathways
- PTL management
- MDT coordinators
- MDT meetings
- Diagnostic capacity
- Chemotherapy and radiotherapy provision
- Tertiary referrals and partnership
- Holistic assessment, wellbeing and survivorship
- Specialist nurse development
- CCG referral and demand management
- Audit and best practice

There has been a significant increase in referrals to Urology following a national campaigning to reduce prostate cancer. There has also been a higher than expected conversion to diagnosed urology cancers and this has put significant pressure on the Trusts ability to treat within the national timescales. Gynaecology 2ww referrals have also significantly increased and the Trust is working with CCG Commissioners to investigate further.

Actions taken to mitigate risk and improve performance:

- Implemented cancer team weekly meeting with COO.
- Trust wide cancer improvement plan. The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.
- Tumour stream timed pathway reviews to be completed by Deputy Medical Director and Deputy Chief Operating Officer for Planned Care.
- We are in the process of reviewing each tumour site's action plan to ensure that the actions on these are specific and measurable.
- Following an NHSI visit in April for lung cancer, a half day workshop has been held with a detailed action plan developed and agreed with NHSI.
- Completed a review of the two week wait booking office and subsequent improvement plan with the objective of booking all 2ww patients within 48 hours of referral.
- Review of every patient over 100 days, next steps in the patients pathway and challenge to pull the patients next step forward.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

79.02 %

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Green
Performance	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	>=92%
52w+	30	31	51	64	67	80	108	141	201	222	218	201	0
Waiting list Size	53,801	54,519	54,749	54,783	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	<38,938
Backlog Size	8,816	9,497	10,096	10,312	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	<2,178
Demand: PC Referrals	15,784	15,554	15,230	16,664	16,111	12,585	15,572	14,596	15,658	15,244	16,480	15,429	<15,484
Demand: Additions to IP WL	3,094	2,984	3,067	3,318	3,578	2,703	3,260	2,876	3,219	2,907	3,310	3,243	<3,076

2018/2019 Trajectory

-0.25 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance Trajectory	77.02%	78.17%	79.26%	80.14%	80.90%	81.16%	81.49%	81.60%	81.16%	80.90%	80.59%	80.47%	87%
Performance	76.66%	78.56%	79.02%										Sept

-24

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
Performance	222	218	201										Sept

The Referral to Treatment Waiting Time Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against this standard. An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Performance

June's performance has improved to 79.02%, and continues to track within 0.25% of our improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties**; Gynaecology (135), General Surgery (37), Trauma & Orthopaedics (10), ENT (9), Ophthalmology (2), Dermatology (1), Urology (1), Community Paediatrics (5) and Other Specs (1)**

The Chief Operating Officer has implemented a weekly performance meeting with all specialities to monitor all aspects of the national Referral to Treatment standard. An organisational wide improvement plan has been drafted to assist the delivery of the activity production plans and meet the agreed trajectories for patient access. The improvement plan will also support the resolution of operational challenges and training/development needs.

The improvement plan is based of the following key areas for improvement:

- Trust wide access policy
- Clear roles and responsibilities for coordination of Patient Target Lists (PTL's)
- Procedures for referral management
- OPD clinic management
- Pre admission and theatre utilisation
- Planned care pathways
- PTL management
- Diagnostic capacity
- Validation
- Integrated pathways with primary care.

To support the delivery of the improvement plan the Deputy Chief Operating Officer for Planned Care is leading detailed reviews of challenged specialities such as Gynaecology and Urology. Both specialities have seen large increases in referrals and this has challenged their ability to respond to the increasing demand. A planned care steering committee is being established with clinical lead for each specialty.

The weekly performance meeting is driving rapid improvement through a robust focus on each specialities waiting lists; challenging operational focus to bring patients forward and efficient and effective use of outpatient capacity and theatre activity.

There is a greater focus on each individual patient waiting over 52 weeks and the number of patients waiting has greatly reduced during June with the expectation that we will meet the trajectory. Clinical reviews of all patients waiting over 52 weeks is in place with potential clinical harm reports in place.

The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Key issues impacting on delivery of the standard:

- Long waiting times for elective surgery in Gynaecology and Urology due to high demand
- Long waiting times for outpatients in specialities such as Dermatology, Ophthalmology, ENT, Community Paediatrics, Neurology due to medical workforce constraints

Actions taken to mitigate risk and improve performance:

- Additional theatre capacity agreed to commence in June for General Surgery, Ophthalmology
- Deputy Chief Operating Officer focus on recovery plan for Gynaecology
- Director of Performance to review all speciality Production Plans weekly and assure that plans are progressing to identify additional clinic capacity and medical workforce recruitment plans
- All speciality RTT improvement plans refreshed and focused towards the RTT 18/19 plan monitored weekly
- A continued refreshed focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks, this includes a patient by patient personal treatment plan, monitored weekly
- Introduction of site theatre efficiency programme to improve forward booking and utilisation of lists.

Strategic Theme: KPIs

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.09 %

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Green
Performance	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	>=99%
Waiting list Size	14,822	14,011	14,827	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	<14,000
Waiting > 6 Week Breaches	119	120	79	63	22	52	75	62	49	91	106	149	<60
Average Wait													<4

2017/18 Trajectory

-0.01 %

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	Jun-18
Performance	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	Jun-18

Summary Performance

The standard has been met for June 2018 with a compliance of 99.08%. As at the end of the month there were 150 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-Radiology: 58; 56 in Computed Tomography, 2 in Non-Obstetric ultrasound,

- Cardiology: 25
- Urodynamics: 7
- Sleep Studies : 57
- Flexi sigmoidoscopy :1
- Cystoscopy : 1

The Trust has consistently met the national standard to deliver 99% of patients treated within 6 weeks of referral for a diagnostic test. As the demand to support the other three national standards, ie, Cancer, A&E and RTT, there is a need to ensure that capacity is in the right place to assist with the delivery of all four standards. The increase in demand for some specialities and the focus in place to pull patients forward through their pathways so that patients will be able to have a diagnosis and treatment sooner is putting pressure on the DM01.

Risks to delivery of the standard:

- A review of capacity, efficiency and effectiveness will be completed to assist with assessing impact of increase demand from ED, cancer and RTT.
- Workforce resilience. It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.
- Increasing third party provider support for MRI backlog in particular.
- Demand for cardiac CT

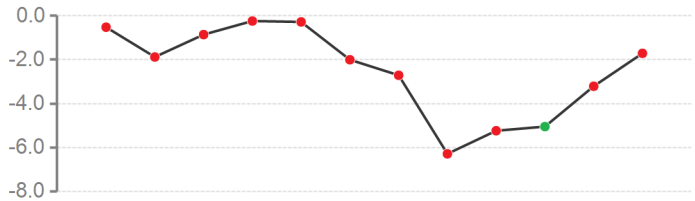
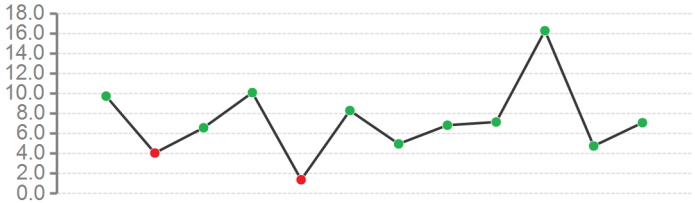
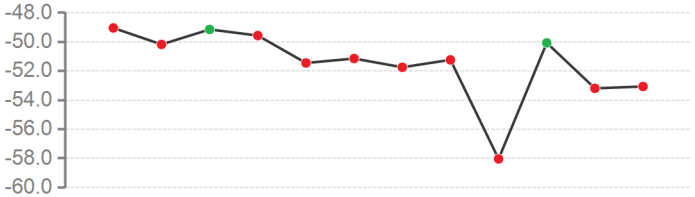
Actions taken to mitigate risk and sustain performance:

- To continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with joint meetings underway with cardiology and radiology to agree joint in house solution.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues of all capacity with senior operational support in place to maximise and adjust capacity to balance emergency and elective demand.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Jun	I&E £m	-10.0 (-46.8%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS
Jun	Cash Balance £m	7.1 (49.0%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Jun	Total Cost £m	-53.1 (-0.2%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.
Jun	Forecast I&E £m	-31.0 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Jun

Normalised Forecast £m

-30.0 (0.0%)

This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.

Comments:

The Trust has generated a consolidated deficit in month of £1.7m and a year to date (YTD) deficit of £10.0m which is £0.2m better plan. The YTD variance is driven by:-
Higher than planned Out Patient and A&E activity driving higher income
YTD under performance of complex elective activity driving low , clinical supplies costs and drugs.
off set by very high agency spend driven by U&LTC used to fill vacancies

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 3 (June) was £9.9m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £9.9m.

Trust unconsolidated pay costs in the month of £31.6m are £0.4m less than May largely due to reductions in the use of Agency and Bank staff but are still £0.9m more than plan. Permanent staff costs (including Overtime) were £0.1m higher than May. Bank usage reduced by £0.2m and agency/locum staff reduced by £0.2m. All temporary staff (agency, bank, locum, overtime) decreased by £0.5m to £5.1m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U&LTC where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £0.2m in month. The YTD position is now £0.8m ahead of plan, the key drivers to this are over performance in non-electives, A&E and ITU offset by under performance in elective activity. The underperformace in elective activity is mainly because the Trust has been unable to put on additional elective sessions originally planned.

Against the full year £30m CIPS target, including income, £4.5m has been reported to Month against a target of £4.6m, £0.1m behind plan. Of the reported position 38% is non recurrent, this is an improvement on the previous month which reported 48%.

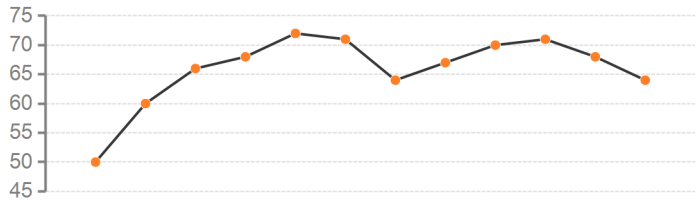
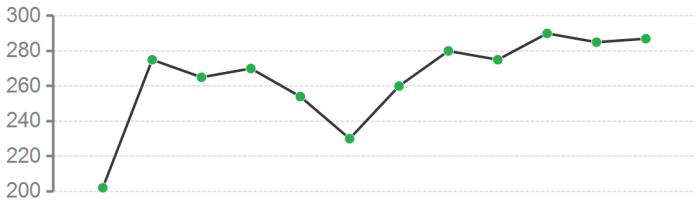
The cash balance as at the end of June was £7.1m, £3.6m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Jun	Representation at H&S	791 (15.0%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	RIDDOR Reports (Number)	17 (13.3%)		RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Formal Notices	2		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).
Jun	Health & Safety Training	3173 (39.0%)		H&S Training includes all H&S and risk avoidance training including manual handling

Comments:

Representation at H&S meetings maintained a positive position in month.

There was 0 RIDDORs to report this month.

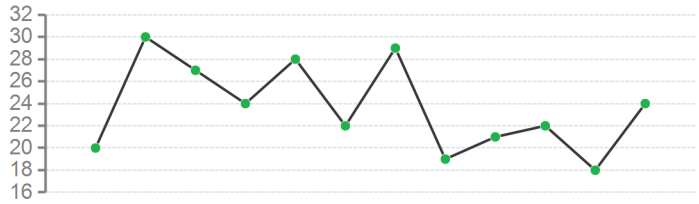
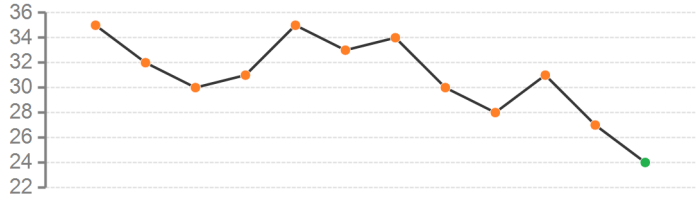
There where no formal notices this month which reflects a good period without any formal notices or Improvement Orders.

H&S training remains high and inline with previous months.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jun	Accidents	284 (-8.4%)		Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Fire Incidents	110 (-20.3%)		Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Jun	Violence & Aggression	370 (-11.1%)		Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

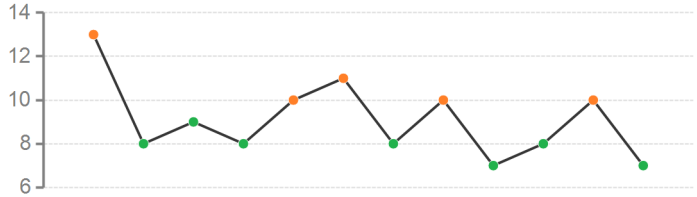
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Jun

Sharps

109
(-41.7%)



Incidents with sharps (e.g. needle stick).
Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

Comments:

The number of accidents increased in month but remains in Green. There is no real trend behind the increase and broadly reflects minor issues relating to how busy the Hospital sites are.

The number of Fire incidents increased in month, just tipping into Red. The number for the month remains low compared to the size of the estate. This year the Trust continues to invest in fire management and prevention with c£1m being invested into systems and physical improvements. Additionally the provision of face to face training will support the reduction of the number of false alarms through better localised review of risks and issues.

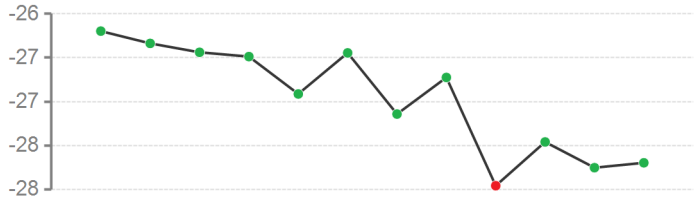
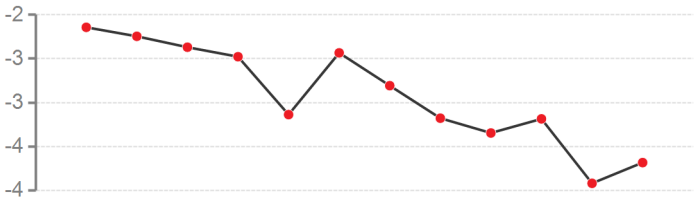
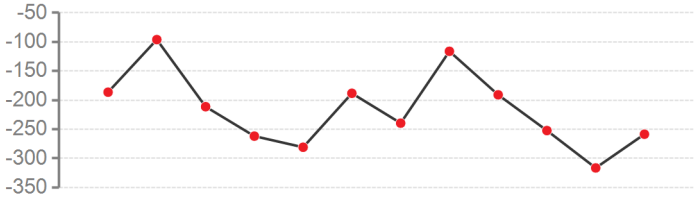
V&A and sharps decreased in June - placing both metrics in Green.

The over RAG status for H&S is Green for June

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

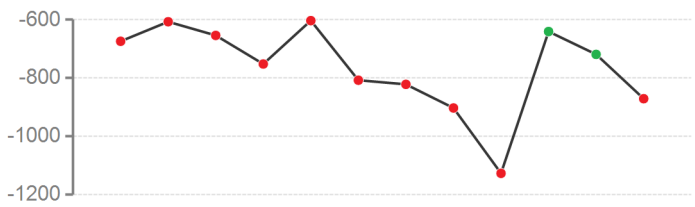
Jun	Payroll Pay £m	-27.7 (-0.2%)		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.
Jun	Agency Spend £m	-3.7 (-6.0%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jun	Additional sessions £k	-259 (-18.3%)		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Strategic Theme: Use of Resources

Jun

Independent Sector £k

-871 (21.2%)



Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth

Comments:

Pay performance is adverse to plan in May by £0.9m and by £2.8m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.3m and by £0.8m ytd.

Expenditure on medical staff is adverse to plan in month by £0.3m and by £1.2m ytd. The in month adverse variance is again driven by an overspend on medical agency staff of £0.8m, with overspends in all clinical divisions except Clinical Support Services. Performance in UC&LTC has improved compared to previous months and is favourable to plan on medical staffing overall in June by £0.1m.

Expenditure on qualified nursing staff is adverse to plan by £0.3m in June and by £1.4m ytd. Agency nurses continue to account for all of this overspend with an adverse performance in month of £0.5m. Agency nurse usage remains high in UC&LTC although actual spend reduced by £0.2m in June compared to May.

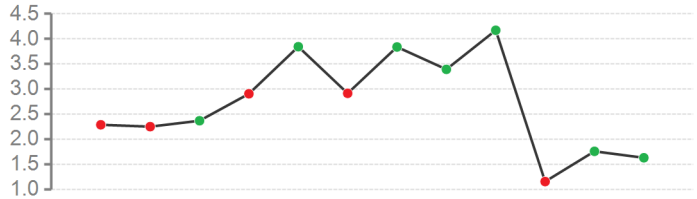
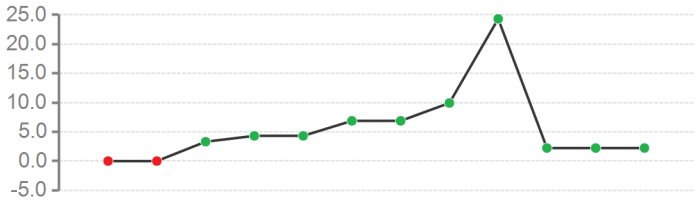
Expenditure on scientific, therapeutic and technical staff is overspent in month by £0.1m, mainly relating to backdated costs for TFS agency physiotherapists assisting with A&E improvement plans. Other staffing groups are £0.3m adverse to plan in June, predominantly relating to expenditure on HCAs. These overspends are offset by an underspend in June on A&C staff of £0.2m.

Total expenditure on pay in June was £31.6m, £0.4m lower than in May. Expenditure on bank, agency and directly engaged staff has reduced by £0.6m, offset by increases in internal locum costs and substantive staff.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Jun	CIPS £m	4.5 (-7.3%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Jun	Cash borrowings £m	28.4 (-46.5%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

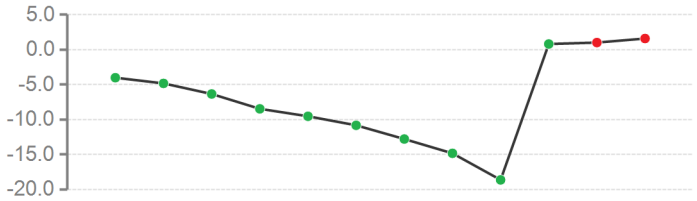
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Jun

Capital position £m

3.4
(56.3%)



Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.

Comments:

Non Current asset values reflect in year additions of £1.7m (including donated assets) less depreciation charges of £4.6m. The balance of movements relates to fluctuations in the level of RTA income recognised for new claims

Trust closing cash balances for June was £7.1m, £3.6m above the revised plan. See cash report for further details.

Trade and other receivables have decreased from the 2018/19 opening position by £3.5m. Invoiced debtors have decreased from the opening position of £28.5m by £6m to £22.5m at the end of June.

Accruals and Deferred Income have increased by 2.4m since the opening position. Of the £28.4m balance, £22.3m relates to Accruals and £6.1m is Deferred Income.

The long term debt entry reflects drawings against working capital facilities. The Trust drew £22.7m in 16/17, £23.5m in 17/18 and £2.2m in April.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Feb	Mar	Apr	May	Jun	
MD01 - End Of Life	Lost Days (Fast Track)	15	12	3	0	0	
MD02 - Emergency Pathway	ED 4hr Performance (incl KCHFT MIUs) %	77.76	78.78	81.73	83.95	85.67	>= 95
	ED - 1hr Clinician Seen (%)		38	46	49	51	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	15	15	14	>= 35
	Medical Outliers	79	70	57	57	48	
	Lost Days (Non-EKHUFT)	58	64	20	4	2	
	DToCs (Average per Day)	52	63	63	61	61	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	73.40	71.88	66.13	64.90	68.30	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	24	25	26	28	28	< 28
	Staff Turnover (Midwifery)	14	13	13	13	13	<= 10
	Vacancy (Midwifery) %	8	7	8	7	6	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.6	13.4	13.4	13.2	13.0	<= 10
	Vacancy (%)	11.4	11.0	13.0	13.6	13.3	<= 7
	Staff Turnover (Nursing)	14	13	13	13	13	<= 10
	Vacancy (Nursing) %	11	12	14	15	14	<= 7
	Vacancy (Medical) %	13	14	11	11	11	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	81.4	80.9	80.1	71.8	67.2	>= 85
	Statutory Training (%)	89	90	91	90	91	>= 85
KF01 - Complaints	Complaint Response in Timescales %	87.2	88.9	94.4	91.4	92.0	>= 85

KF01 - Complaints	Complaint Response within 30 days %	25.5	35.2	40.3	38.6	44.7	>= 85
KF02 - Workforce & Culture	Staff FFT - Work (%)	48	48				>= 60
	Staff FFT - Treatment (%)	70	70				>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)			82			>=95
	Pharm: Fridge Temps (%)			100			>= 100
	Pharm: Drug Trolleys Locked (%)			100			>= 90
	Pharm: Resus. Trolley Check (%)			73			>= 90
	Pharm: Drug Cupboards Locked (%)			82			>= 90

East Kent Hospitals University NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 95	1 %
	ED 4hr Performance (incl KCHFT MIUs) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for all sites including KCFT MIU Sites	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and P	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %

Cancer	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - select	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %)	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for “extra” CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %

Health & Safety	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %

Incidents	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %

Infection	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 87.45	30 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %

Observations	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	AE Mental Health Referrals	The Number of Referrals made to a Mental Health team from A&E		5 %
	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	
	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon	>= 15	1 %

Patient Experience	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	

RTT	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Communit	>= 99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwive	< 28	2 %
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	

Staffing	Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
	Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
	Shifts Filled - Day (%)	Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Shifts Filled - Night (%)	Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont	< 3.6	10 %
	Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior		
	Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
	Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<= 10	15 %
	Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against	<= 10	
	Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th	<= 10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
	Total Staff Headcount	Headcount of total staff in post		
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	< 100	5 %

Staffing	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
	Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars


Not captured on an electronic system, no assurance process, data is not robust


Data is either not captured on an electronic system or via a manual feeder sheet, does not follow an assured process, or not validated/reconciled


Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled

East Kent Hospitals University NHS Foundation Trust

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.6	2.2	1.5	1.0	2.5	4.2	7.6	7.5	14.8
Appraisal Rate (%)	69.7	49.5	75.0	76.2	69.8	73.1	50.3	76.9	52.2
Employed vs Temporary Staff (%)	89.0	86.7	84.6	93.6	88.5	92.2	88.0	94.2	81.6
Sickness (%)	4.4	2.6	2.9	3.4	5.5	4.2	2.8	4.3	3.9
Staff Turnover (%)	14.9	10.4	13.1	12.4	8.7	11.4	8.4	11.7	15.3
Statutory Training (%)	92	83	95	94	88	91	94	91	90
Total Staff In Post (SiP)	1480	84	129	127	120	1404	325	1758	1631
Vacancy (%)	20.2	16.2	15.4	6.5	11.5	7.9	12.0	6.2	18.7

Apdx.

NHS
East Kent Hospitals University
NHS Foundation Trust

Patient Safety Heatmap - JUNE 2018

KEY

- data not yet available
- NULL — null return, data not received
- N/A — metric is not applicable

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
KCH - KENT & CANTERBURY																	
Specialist																	
KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	0	9	50	100	100	67	100	0.0	98.6	92	100	11
MARL - MARLOWE WARD	100.0	2	0	0	0	0	90	50	50	50	86	99	0.0	80.5	101	89	9
Surgical																	
CLKE - CLARKE WARD	100.0	3	4	0	0	0	122	50	33	33	24	100	0.0	82.4	91	98	7
KENT - KENT WARD	100.0	1	4	0	0	0	46	NULL	NULL	NULL	33	100	0.0	97.5	111	101	7
KITU - KCH ITU	100.0	0	0	0	0	0	34	N/A	N/A	N/A	N/A	N/A	N/A	89.5	94	76	27
Urgent & Long Term																	
HARB - HARBLEDOWN WARD	90.5	3	10	0	0	0	29	50	50	33	57	97	3.3	85.9	100	129	7
INV - INVICTA WARD	100.0	1	3	0	0	0	0	NULL	NULL	NULL	71	96	3.6	100.2	98	101	7
KING - KINGSTON WARD	95.5	0	8	0	0	0	0	33	33	33	43	100	0.0	91.6	113	132	8
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	8	0	0	0	0	33	33	50	45	100	0.0	91.9	104	113	6
MTMC - MOUNT/MCMASTER WARD	95.7	0	1	0	0	0	16	NULL	NULL	NULL	27	100	0.0	85.6	91	98	6
TREB - TREBLE WARD	100.0	0	4	0	0	0	0	50	100	100	23	100	0.0	95.9	92	102	8
QEH - QUEEN ELIZABETH QUEEN MOTHER																	
Specialist																	
BIR - BIRCHINGTON WARD	100.0	0	0	0	0	0	0	50	50	100	40	100	0.0	97.2	105	121	7
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	86.1	84	88	21
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	0	12	N/A	N/A	N/A	N/A	N/A	N/A	94.3	84	96	18
RAI - RAINBOW WARD	100.0	0	0	0	0	2	0	N/A	N/A	N/A	22	96	2.2	94.7	93	96	13
Surgical																	
BIS - BISHOPSTONE WARD	93.3	0	0	0	0	0	143	33	33	33	72	100	0.0	80.6	84	74	8
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	0	1	0	0	4	33	50	50	60	99	0.0	88.7	113	138	8
CSM - CHEERFUL SPARROWS MALE	91.7	1	1	0	0	0	6	33	50	50	38	98	0.0	88.0	123	160	7
QITU - QEH ITU	87.5	4	1	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	92.9	98	121	26

Apdx.

KEY

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N/A metric is not applicable

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
SB - SEA BATHING WARD	92.6	0	0	0	0	0	12	NULL	NULL	NULL	79	93	0.0	103.2	116	122	6
Urgent & Long Term																	
DEAL - DEAL WARD	100.0	0	5	0	0	2	0	50	50	100	13	100	0.0	88.3	98	114	5
FRD - FORDWICH WARD STROKE UNIT	100.0	0	2	0	0	0	0	50	100	100	66	100	0.0	85.1	98	127	8
MW - MINSTER WARD	100.0	0	2	0	0	0	13	50	100	50	38	96	0.0	81.4	76	89	5
QCCU - QEH CCU	100.0	1	2	0	0	0	16	100	100	100	58	100	0.0	76.5	93	99	8
QCDU - QEH CDU	100.0	20	3	0	0	1	12	50	100	50	18	90	3.2	98.4	124	128	9
QX - QUEX WARD	100.0	0	4	2	1	0	8	50	50	50	10	100	0.0	NULL	84	74	4
SAN - SANDWICH BAY WARD	100.0	1	3	0	0	0	7	50	100	50	39	100	0.0	94.9	130	135	7
SAU - ST AUGUSTINES WARD	100.0	1	2	0	0	0	11	100	100	100	47	96	0.0	85.2	122	116	5
STM - ST MARGARETS WARD	96.0	0	0	0	0	1	0	NULL	NULL	NULL	84	95	0.0	91.4	114	105	6
WHH - WILLIAM HARVEY HOSPITAL																	
Specialist																	
FF - FOLKESTONE	100.0	0	1	0	0	0	0	33	33	25	N/A	N/A	N/A	87.5	96	91	19
KEN - KENNINGTON WARD	100.0	0	0	0	0	0	21	33	33	33	45	100	0.0	75.7	89	111	7
PAD - PADUA	100.0	0	1	0	0	0	17	N/A	N/A	N/A	0	NULL	NULL	87.7	89	95	8
SCBU - THOMAS HOBBES NEONATAL UNIT	100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	101.3	95	90	15
Surgical																	
ITU - WHH ITU	100.0	4	0	0	0	0	2	N/A	N/A	N/A	N/A	N/A	N/A	102.2	98	96	31
KA2 - KINGS A2	93.8	1	1	0	0	0	184	33	33	50	76	98	1.6	94.9	117	150	8
KB - KINGS B	100.0	1	2	0	0	0	198	33	33	33	56	99	0.0	93.1	112	100	6
KC - KINGS C1	100.0	2	3	0	0	0	0	33	50	33	36	100	0.0	82.4	101	101	6
KC2 - KINGS C2	100.0	0	1	0	0	0	0	33	50	50	80	98	0.0	62.9	88	94	7
KDF - KINGS D FEMALE	100.0	5	1	0	0	0	0	33	33	50	64	93	0.0	94.9	N/A	N/A	N/A
KDM - KINGS D MALE	100.0	0	3	0	0	1	0	50	33	50	55	98	0.0	N/A	102	108	7
RW - ROTARY WARD	100.0	2	0	0	0	0	2	33	33	33	65	97	0.0	86.2	92	104	8
Urgent & Long Term																	
CCU - CCU	100.0	0	0	0	0	0	0	100	100	50	0	NULL	NULL	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2	94.6	1	2	0	0	0	0	33	50	33	30	100	0.0	69.6	112	128	6
CK - CAMBRIDGE K	100.0	0	2	0	0	0	0	NULL	NULL	NULL	48	96	0.0	46.9	92	98	7
CL - CAMBRIDGE L REHABILITATION	100.0	3	11	1	0	2	0	100	100	100	49	90	3.3	87.6	105	143	7

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	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with Nurses %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
CM1 - CAMBRIDGE M1 SHORT STAY	94.4	0	9	0	0	1	0	33	33	33	57	88	0.0	3.7	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	2	6	0	0	0	30	50	33	50	47	96	3.7	102.1	108	93	6
OXF - OXFORD	100.0	1	2	0	0	0	0	50	100	100	53	100	0.0	85.4	94	103	7
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	4	9	0	0	0	30	100	100	100	58	95	0.0	88.3	104	122	9
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	0	0	0	33	50	50	NULL	NULL	NULL	NULL	91	92	9
WCDM - WHH CDU MIXED	100.0	10	9	0	0	1	16	50	50	50	13	73	23.1	78.3	88	92	12